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UNIVERSITY OF ALBERTA

WOMEN'S EXPERIENCE OF RECOVERY FOLLOWING SEXUAL VIOLATION BY A MALE THERAPIST

BY

RHONDA VALERIE GORA

A thesis submitted to the Faculty of Graduate Studies and Research in partial fulfillment of the requirements for the degree of DOCTOR OF PHILOSOPHY.

IN

COUNSELLING PSYCHOLOGY

DEPARTMENT OF EDUCATIONAL PSYCHOLOGY

EDMONTON, ALBERTA

SPRING, 1994

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ISBN 0-612-11223-3

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DEGREE: Doctor of Philosophy

YEAR THIS DEGREE GRANTED: 1994

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FACULTY OF GRADUATE STUDIES AND RESEARCH

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This thesis is dedicated to my

mother, Regina Steil

Abstract

The number of studies in the area of client-therapist sexual involvement has increased in recent years. Even so, there has been little examination of the phenomenon of recovery, particularly from the perspective of the client.

The purpose of this study was to explore, through grounded theory methodology the recovery experience of women who received subsequent therapy after having been sexually violated by a male therapist. Using unstructured audiotaped interviews the participants were asked to describe their personal experiences of recovery. Participants were selected using the theoretical sampling procedure, and collection of data was discontinued when the themes became saturated. Data was analyzed by the researcher using the constant comparative method in order to determine the basic social psychological process of recovery for women who had been sexually violated by a therapist. The process of recovery consisted of three intricately interconnected themes; disconnection from self, embracing spirit, and claiming self. The basic social psychological process of claiming self evolved as the core category in the process of recovery. The implications for therapists who conduct therapy with clients who have been sexually violated by a therapist are discussed.

Acknowledgements

I wish to express my thanks to the supportive people who have contributed to the completion of this work.

Most importantly I wish to acknowledge the eight women who shared with me some of the most vulnerable aspects of their lives. Thank you Diane, Mary, Madeline, Gail, Brandy, Donna, Lynn, and Alex for your openness and thoughtful comments, and for the time and involvement you so willingly provided. Without your commitment, this work could not have been completed.

I would also like to acknowledge the assistance and support I received from my examining committee:

Dr. Don Sawatzky for your support of my choice of topic, for sharing with me your creative ideas, and the thoughtful questions that helped me to improve my study, and for your consistent support, valuable feedback, and professional integrity I have very much appreciated.

Dr. Rosemary Liburd for sharing with me your insightful ideas and positive perspectives, for asking me challenging questions that helped me to improve the depth of my study, for providing a supportive atmosphere in which I could learn and grow as a therapist, and for your encouragement and belief in the importance of this study and my ability to create it.

Dr. Mary Ann Bibby for your enthusiastic interest in my study, for the supportive feedback that helped me to improve my methodology and interviews, and for creating an atmosphere that enabled me to feel safe about critically examining my ideas and expanding my perspectives.

Dr. Bill Hague for being emotionally present at times that have mattered to me, for adding humorous comments that have provided me with alternative perspectives, and for believing in my ability to achieve what I set out to accomplish.

Dr. Michael Handman for your continuing and consistent support, for listening from a place of integrity, and responding in a way that has always empowered me to own my perspectives, for your validation of my professional competence, and for your willingness to lend unique points of view that have challenged my deepest values and strengthened my belief in myself.

Dr. Dianne Kieren for consistently role modelling to me the qualities of professional competence, emotional strength, and caring. Thank you for your unwavering belief in my academic ability and my personal character, and for the encouraging words that have inspired me to pursue my own direction and be my own person.

Dr. Anita Russell for your insightful feedback and

comments, that helped to improve my study.

I wish to acknowledge also the support and encouragement provided by my family. Thank you, Gary for your interest in my study, your patience with my process as I worked through my ideas, and the loving support and encouragement you provided throughout the process of my writing. Thank you, Tracy, Robert, and Angela for your enthusiasm, thoughtful comments, emotional support, and most of all for reminding me that there was life outside my thesis.

I would like to thank several other people for their support and encouragement throughout the process of my writing. To my friends and colleagues, Cheryl Nekolaichuk, Bernadette Laframboise, Keith Carlson, Bev Hickey, Rami Sela, France Savard, Heather Bain, and Marj Holmgren. Thank you for believing in me, and for being there to lend an ear and provide helpful feedback. Thank you, Bernadette and Keith for the insightful comments and observations you provided during our research meetings.

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I. INTRODUCTION

Statement of The Problem

This study arose out of the following question: What is the process through which women recover following sexual violation by a male therapist?

Women's experience of recovery following sexual violation within the therapeutic relationship is an issue that, to date, has received little research attention. It is only within the last twenty years that therapist-client sexual involvement has been acknowledged in the psychological and psychiatric literature as an issue worthy of investigation.

Although sexual violation of clients by professionals has been an ongoing problem that has been addressed sporadically in the literature throughout the decades, the denial surrounding this issue has, until recently, hindered progress towards taking preventative action within the health professions (Pope, Sonne & Holroyd, 1993).

The problem is not that the health professions have ignored the existence of therapist-client sexual involvement. The Hippocratic Oath written over 2000 years ago forbade sexual relations between doctors and patients. Many years later Freud warned of the dangers

of psychoanalysts becoming sexually involved with female patients (Freud 1915/1958). Currently the ethical codes of the professions of psychology and psychiatry define sexual relationships within therapy as unethical (Canadian Psychological Association, 1991; Screenivasan, 1989).

Despite clear guidelines within the professions prohibiting sexual contact between therapists and clients, the problem continues to occur, as evidenced by increasing numbers of ethical complaints to the professional regulating bodies of the professions of psychology and psychiatry (Gottlieb, 1990; Smith, 1988). In the United States, sexual involvement with clients forms the largest source of malpractice claims, licensing disciplinary actions, and ethics complaints against psychologists (Bates & Brodsky, 1989; Pope, 1991). Pope (1990a) indicates that malpractice cases brought against psychiatrists in the United States are about three times as many as those brought against psychologists.

In order to adequately address the issue of women's recovery following sexual violation in therapy, it is necessary to address the larger social context within which this problem has existed. Prior to the

groundbreaking work of Masters and Johnson (1970) and the feminist consciousness raising movement of the 1970's the entire issue of sexual abuse was shrouded in denial. Women who disclosed sexual abuse were often disbelieved or held accountable for sexual assaults committed against them. Therapists who dared to acknowledge the reality of the harmful effects of sexual abuse within therapy were for many years discredited by their professions.

Society's response to the issue of sexual abuse has been greatly influenced by historical attitudes that have been perpetuated within the medical and therapy professions. Almost a century ago, after being rejected by his peers, Freud retracted his theory that childhood seduction formed the basis of his hysteric patients' intrapsychic problems, and later interpreted the accounts of sexual abuse related by his patients as fantasies (Herman, 1992; Summit, 1989). Freud's work set the context for blaming the victim by focusing on the underlying psychopathology of the abused patient while allowing the power and control issues of the abuser to remain largely ignored. Herman (1992) addresses how blaming the victim has interfered with adequately understanding the psychopathology of victims

of sexual abuse as post-traumatic responses to abusive situations. Pope (1990a) further points out how male professionals' sense of identification with male perpetrators results in collusion by professionals to allow abuse to continue.

It is only recently that sexual assault has been reinterpreted within the feminist literature as a use of sexual violation to gain power, rather than as a consensual sexual act (Walker, 1989). Several authors have compared the damaging effects of sexual violation in therapy to those which occur following experiences of incest (Bates & Brodsky, 1989; Kluft, 1989; Leupker, 1989a; Pope & Bouhoutsos, 1986; Rutter, 1989).

Recovery from the experience of sexual violation in therapy must therefore be studied with regards to its historical context, and in light of the context of gender role socialization that perpetuates traditional stereotypical interpretations of and response to abuse. Herman (1992) points out that telling the truth about traumatic events is a prerequisite for the healing of individual victims and restoring of social order. Women who have been sexually violated in therapy have often had little opportunity to "tell the truth" about their trauma due to the denial that exists at all

levels; within families, organizational institutions, and society.

Walker (1989) confirms the importance of using qualitative methods that are sensitive to women's response styles and that attend to the social context of women's lives when interviewing women who have experienced abuse. This study was, therefore, concerned with ensuring that women would have the opportunity to share their personal accounts of their experiences of recovery in a context where they could maintain as much control as was reasonable over their own process.

Purpose of the Study

The purpose of this study was to explore, through unstructured interviews, the experience of recovery for female clients who were sexually violated by a male therapist and received subsequent therapy following that experience.

The literature indicates that sexual involvement of the client with a therapist has a number of adverse effects on the client, some of which include: cognitive dysfunction, increased risk of suicide, impaired social adjustment, and negative effects on subsequent intimate and sexual relationships (Bouhoutsos, Holroyd, Lerman,

Forer & Greenberg, 1983; Feldman-Summers & Jones, 1984; Pope & Bouhoutsos, 1986; Vinson, 1987). Several case studies have documented the pervasive nature of the everyday living problems that women have confronted after having been sexually violated by a therapist (Bates & Brodsky, 1989; Freeman & Roy, 1976; Walker & Young, 1986). In addition, therapists and researchers have pointed to the complexity of the psychotherapeutic issues that clients must address in subsequent therapy following sexual violation by therapists (Pope & Bouhoutsos, 1986; Pope & Gabbard, 1989; Rutter, 1989; Schoener, Milgrom & Gonsiorek, 1984).

Despite the proliferation of writing that speaks to the unique problems that result from client-therapist sexual interaction, a literature review reveals little research into the phenomenon of recovery, particularly from the perspective of the client herself. This study sought to provide the added dimension of clients' perspectives to the current literature, in order to add increased insight and understanding about how women proceed through the experience of recovery following sexual violation by a therapist, or what they perceive as hindering their process of recovery.

The study had a utilitarian goal in that the

intent was to gather information that would further knowledge about women's recovery. The aim was also to add women's experiential knowledge to the literature in the area of recovery where clients' perspectives have not been adequately addressed.

The Research Question

The research question was based on the following assumptions:

1. Sexual involvement between a therapist and client is unethical.

2. The therapist is always responsible for preventing sexual behavior within therapy, regardless of the behavior of the client.

3. The abuse of power and betrayal of trust that occur when sexual boundaries are violated in therapy have severely damaging consequences for the client.

The study was guided by the following questions: What is the process that women undergo in recovering from sexual violation by a male therapist? What are the meanings that women attach to their personal experience of recovery?

Use of Terminology

In November of 1992 the College of Physicians and Surgeons of Alberta published a policy paper which was

based on an independent task force study on sexual abuse of patients by Alberta physicians. To date, the Canadian Psychological Association has not set out policy guidelines to address this issue. The policy paper set out by the College of Physicians and Surgeons of Alberta defined three levels of sexual abuse of patients, including: (a) sexual impropriety, (b) sexual violation level I, and (c) sexual violation level II. The sexual violation experienced by all of the women interviewed for this study was that of sexual violation level II which includes:

> engaging in any conduct with a patient that is sexual, or may reasonably be interpreted as sexual, including but not limited to sexual intercourse, genital to genital contact, oral to genital contact, oral to anal contact, and encouraging the patient to masturbate in the presence of the medical doctor or masturbation by the medical doctor while the patient is present. (College of Physicians and Surgeons, 1992, p. 3)

"To recover" according to Webster's Dictionary (1991, p. 308) means "to get back: to regain: to bring back to a normal position or condition (as of health)." It was assumed that during the process of recovery from sexual violation by a therapist, no two women would have experiences that were exactly alike, and that each woman's story would include unique aspects that reflected her personal history and life experiences.

It was also assumed that since recovery involves regaining a state of mental and/or physical health, that there would be certain commonalities in the experiences of women who recover from this experience. Kaschak (1992) speaks of the dual perspective of acknowledging each woman's story as her own (i.e., in terms of history, cultural context and individual experience) while also recognizing that because experiences are organized by gender, each woman's story is also every woman's story.

My Perspective for the Study

The choices that I have made regarding the question for this study and the manner in which it is being explored are reflective of my personal beliefs and values about research and counselling, and my personal assumptions about the issue of client-therapist sexual involvement and recovery from this experience.

The idea for this study arose out of my own questioning about what the process of recovery is like for women who have been sexually violated by a male therapist, and my curiosity about how one woman's reality might be similar to or different from that of others who have experienced sexual violation in

therapy. My interest in this study evolved out of my role as therapist for a client who had been sexually violated by her male therapist prior to entering therapy with me. During the course of this therapy I was confronted over and over again with my personal feelings and values about therapy as I recognized the pervasive and traumatic effects that this experience had on this client's life, and as I struggled with finding effective ways of working with her. As I turned to the literature, I became aware of the paucity of information that addressed recovery issues for these clients. The literature did not capture the breadth and depth of meaning that was evident to me as I heard my client's story; nor did the literature present a future orientation or a strong sense of hopefulness with regards to the ability of clients to work through and resolve these issues. As I subsequently worked with and came to know other women who had experienced sexual violation in therapy my interest in studying the process of recovery continued to increase, and eventually I pursued this as the topic of my dissertation.

I believe that women are severely traumatized through the experience of sexual violation by a

therapist, and that the effects of this experience are similar to the effects of other forms of sexual violence such as incest or rape. Because of the imbalance of power between therapist and client, and the transference that occurs in the therapeutic relationship, I believe that the therapist must assume responsibility for the boundary violation, misuse of power, and betrayal of trust that occurs when the therapeutic relationship becomes sexualized.

Walker (1989) points out that sexual and psychological violence is pervasive within the institution of psychology, and embedded within psychologists' attitudes. I believe that survivors of sexual violation by a therapist present many challenges to therapists as they attempt to understand the meaning of this experience, and as the therapist is forced to confront his or her own values and beliefs regarding power, gender issues and abuse.

In studying the meanings that women attach to their experience of recovery, I believe that we need to be aware as therapists of the values of the larger cultural context that shape society's interpretation of sexual violation. These values are reflected in the therapeutic relationship, as well as in the meanings

that women have attached to their experiences due to their internalization of the socialization received within the larger cultural context.

The question for this study and my way of approaching it arises from a feminist philosophy of research and treatment which I see as being integrated into the eclectic theoretical perspective from which I work. For me this means maintaining an awareness of: (a) the differential effects that gender-role socialization has on women and men, (b) the impact of the cultural and social context on psychopathology and on individual interpretations of reality, and (c) the harmfulness of traditional, hierarchical power differentials that negatively affect relationships between men and women.

As researcher and/or as therapist I view my role to be one of co-facilitator with participants or clients, guiding them towards explicit knowing of their own experience, and ultimately finding answers within themselves that are meaningful for them. Thus each woman is "the owner of the context and, as such, holds the power to define reality, to say what matters and what does not" (Kaschak, 1992, p. 31). Since a part of recovery for the participants in this study included

the working through of issues surrounding abuse of power and betrayal of trust by their previous therapists, it was assumed that the issue of empowerment for the participants in this study would be a major concern. The research process was therefore designed to respect the autonomy of the participants and avoid creating a hierarchical relationship.

The next chapter will present a review of the literature that provides the background for the study.

II. LITERATURE REVIEW

Research on therapist-client sexual involvement has largely evolved in the United States over the last twenty-five years. There has been little attention to this topic in the Canadian literature until very recently. Several allegations of physician-patient sexual violation across Canada in recent years sparked interest in the Canadian media and popular press (Clark, 1992; Moysa, 1991; Taylor, 1990), and resulted in the establishment of task forces by the College of Physicians and Surgeons in Ontario and, more recently in Alberta to investigate and make recommendations about this problem within the medical profession.

Historical Issues

There has always been a great deal of controversy in the literature that has addressed sexual relations within therapy. Arguments for and against sexual intimacy between client and therapist, and discussions of the dynamics involved in these relationships have been presented by authors of various professions over the years.

Attention to sexual involvement within the therapeutic relationship really began with Freud's writings on transference and countertransference

issues. Freud (1915/1958) labelled the unconscious childhood dynamics, including erotic feelings, that the client projects onto the therapist as transference. He stressed the therapist's responsibility for working through countertransference issues (i.e., the therapist's unconscious reaction to the client's transference) in order to ensure that sexual relations did not occur between therapist and client.

Some authors (McCartney, 1966; Shepard, 1971), during the years of the "sexual revolution" advocated for the legitimacy of therapist-client sexual intimacy. McCartney (1966) openly spoke in favor of therapist-client sexual activity, stating that 30% of his female analysands had found it necessary to express overt transference in the form of sexual acting out in therapy. Claims that clients benefited from sexual acting out in therapy provoked responses from other authors (Dahlberg, 1970; Marmor, 1972; Masters & Johnson, 1970) who had interviewed or researched women who had reported damaging consequences following sexual relations with their therapists. These authors clearly perceived sexual relations in therapy to be unprofessional, exploitive, and psychologically damaging to the client.

As some feminist writers began to speak out about the power dynamics inherent in the therapeutic relationship and the vulnerability of the female client to the sexually exploitive therapist (Belote, 1976; Chesler, 1972; D'Addario, 1978), other psychodynamic writers (Blum, 1973; Hollander & Shevitz, 1978), focused on the vulnerability of the therapist to transference issues of the hysteric or seductive female patient. Some authors who wrote from a psychoanalytic perspective claimed that sexual activity in therapy was a manifestation of the client's oral dependency or the result of a hostile need to control and demean the therapist. Professional concern about this issue subsequently brought about research regarding the prevalence of therapist-client sexual involvement.

Incidence of Therapist-Client Sexual Violation

The incidence of therapist-client sexual involvement has been addressed within the professions of psychiatry, psychology, and social work.

Kardener, Fuller and Mensh (1973) surveyed 114 male psychiatrists in Los Angeles (46% return rate) and found that five percent had engaged in sexual intercourse with their clients while another five percent had engaged in erotic activities such as

kissing or genital stimulation. Another large scale national survey of 1442 psychiatrists (Gartrell, Herman, Olarte, Feldstein & Localio, 1986) found that 7.1% of male respondents and 3.1% of female respondents acknowledged sexual contact with patients. This study had a 26% return rate.

Holroyd and Brodsky (1977) carried out a national survey study of psychologists within the United States (70% return rate) which indicated that 5.5% of the 347 male respondents and 0.6% of the 310 female respondents had engaged in sexual intercourse with clients during therapy. Akamatsu (1988) conducted a national survey of psychotherapists indicating that of the 395 respondents (39.5% return rate), 3.5% of male therapists and 2.3% of female therapists acknowledged being sexually intimate with current clients. "Sexual intimacy" was not clearly defined in this study. Borys and Pope (1989) conducted a study in which a national random sample of 4800 psychiatrists, psychologists and social workers was surveyed in order to determine whether professionals in these disciplines differed in their rates of establishing dual relationships with clients. Equal numbers of males and females from each profession were surveyed. Response

rates included: psychologists, 42.4% (904); social workers 30.8% (658); and psychiatrists, 26.7% (570). This study found no significant differences in the prevalence of sexual contact with clients among these professions; 0.2% of the women and 0.9% of the men reported engaging in sexual intimacies with an ongoing client. Schoener (1992) points out that studies indicating these low rates of client-therapist sexual involvement are perceived to be universally inaccurate.

Overall, studies indicate that the incidence of sexual contact in therapy is most prevalent between male therapists and female clients, and that self-reported incidence by therapists has declined in recent years. Several researchers have speculated that self-report survey studies present an underestimate of the actual incidence of sexual behavior within therapy (Borys & Pope, 1989; Bouhoutsos, 1984; McPhedran, 1992; Smith, 1989). Pope and Vasquez (1991) indicate that there may be an actual decline of sexual involvement between therapist and client in recent years due to criminalization of the behavior, decreased denial among professionals, and greater knowledge on the part of clients about reporting this issue.

Clients who are Vulnerable to Sexual Exploitation in Therapy

Several researchers and clinicians have described factors that place women at increased risk for sexual exploitation in therapy (Bates & Brodsky, 1989; Kluft, 1989; Pope & Bouhoutsos, 1986). Since the information in the literature has evolved from studies and therapy conducted with clients following sexual violation by their therapists, it is difficult to ascertain the premorbid characteristics of these clients from those which result following the sexual violation.

Pope and Bouhoutsos (1986) and Kluft (1989), based on their clinical work, have formulated hypotheses about the characteristics of women who are violated by therapists. These authors have identified three categories of female clients who are at risk of becoming sexually involved with therapists. According to these authors, low risk clients include those who are functioning well in their lives, have been able to form stable relationships, and do not suffer from psychopathology. These clients may become vulnerable to exploitation if they encounter an abusive therapist while attending therapy due to extreme stress in their lives such as the loss of a significant relationship.

Characteristics of clients in the middle risk category include a history of relationship problems, often the diagnosis of a personality disorder, and problems with depression and/or anxiety (Pope & Bouhoutsos, 1986). Some authors have pointed to women's socialization into traditional female roles as a characteristic that places women at risk of sexual exploitation in therapy. Studies carried out during the 1970's with women who became sexually involved with their therapists described these women as having been socialized to be compliant and unquestioning of the actions of their therapists (Chesler, 1972; Belote, 1976; D'Addario, 1978). From the perspectives of these authors, the perpetuation of negative stereotypes and expectations about women (i.e., perceptions of women as being other-directed, passive, and self-blaming) contributed to women's vulnerability to sexual violation.

In recent years, the literature has focused to a greater extent on clients in the high risk category, since the largest number of reported cases of sexual exploitation in therapy fall within this group (Armsworth, 1990; Kluft, 1989). Clients who fit within this group have often experienced incestuous

relationships during childhood, or have had histories including rape or sexual abuse. As a result of past experiences, women in this group have usually been diagnosed with personality disorders (e.g., histrionic or borderline) and may have histories of hospitalization, suicide attempts and alcohol or drug addiction problems (Kluft, 1989; Pope & Bouhoutsos, 1986).

Several authors have described the characteristics of sexual abuse and incest that result in the victim of an exploitive therapist accepting boundary violations as normative (Briere, 1992; Courtois, 1988; Dolan, 1991; Kluft, 1989). The extreme boundary violation that occurs during sexual abuse prevents victims from having an awareness of appropriate relationship boundaries. Women who experience incest must also maintain secrecy about their abuse and usually blame themselves for the behavior of the perpetrator (Bates & Brodsky, 1989; Briere, 1992; Dolan, 1991). Another factor that places survivors of incest at high risk for therapist re-victimization is their extreme neediness for a caring parent figure (Pope & Bouhoutsos, 1986).

Armsworth (1990) reported on an interview study of responses of six adult female incest survivors following sexual involvement with their male

therapists. Life themes that contributed to the development and maintenance of the abusive therapy relationships included: an early environment that prohibited the development of a sense of personhood, repeated experiences of depersonalization that reinforced the state of non-personhood, and the adoption of a "surrender pattern" to cope with violations, including the violations by their therapists.

Profiles of Therapists who Abuse Clients

According to Bates and Brodsky (1989) and Schoener (1992), the major predictor of sexual violation in therapy is a therapist who has previously sexually violated a client. Studies indicate that a large number of therapists who violate their clients are multiple offenders (Holroyd & Brodsky, 1977; Pope, 1991; Schoener, 1992).

The information in the literature on sexually abusive therapists has been based on profiles of offending therapists gathered through self-report surveys and descriptions of offenders based on the assessment and treatment of therapists who have sexually violated their clients (Bates & Brodsky, 1989; Pope & Bouhoutsos, 1986; Olarte, 1991; Schoener &

Gonsiorek, 1989).

Pope and Bouhoutsos (1986) have categorized three groups of therapists who are at risk for sexually violating clients: (a) therapists who are inadequately trained, (b) therapists who are distressed, and (c) therapists who have character disorders. A common description of the abusive therapist that appears repeatedly in the literature is that of a middle-aged male who is commonly experiencing personal distress in his life, has isolated himself from peers, and convinces the client that a sexual relationship with him is necessary for healing (Bates & Brodsky, 1989; Olarte, 1991). Schoener and Gonsiorek (1989), based on assessments, interviews, and rehabilitative work with offenders, present a continuum of six categories of sexually abusive therapists, including: (a) uninformed/naive, (b) mildly neurotic, (c) severely neurotic, (d) impulsive character disorders, (e) sociopathic or narcissistic character disorders, and (f) psychotic or borderline personalities. To date, there is no evidence to indicate that rehabilitative measures such as education and therapy are effective in preventing subsequent violation in the majority of cases (Pope, 1991; Schoener, 1992).

Therapy Contexts that Increase the Risk of Sexual Violation

Some authors have described the therapeutic contexts that increase the risk of sexual involvement between therapist and client (Bates & Brodsky, 1989; Coleman & Schaefer, 1986; Simon, 1989). There is consensus in the literature that sexual violation often results following a gradual erosion of boundaries over time. Behaviors that increase the risk of sexual violation include: (a) excessive self-disclosure on the part of the therapist, (b) loosely defined parameters around factors such as length of sessions, payment of fees, and phone calls, (c) role reversal in which the therapist shares personal problems with the client, (d) dual relationships in which the client is treated as friend or employee, and (e) excessive attention to the client's appearance or needs.

Effects of Therapist-Client Sexual Involvement

In recent years there has been an increased focus in the literature on the negative effects of sexual violation in therapy and the subsequent treatment issues that arise for the client. The literature that examines consequences to the client does not make any distinctions between clients who have been in brief or

long term therapy or between the particular theoretical orientations of the therapists with whom these clients have been in therapy.

Bouhoutsos et al. (1983) conducted a study of all licenced psychologists in California in order to examine the effects of sexual involvement with clients from the perspectives of subsequent therapists. This study which had a 16% response rate, indicated that 90% of the 559 patients described by subsequent therapists were negatively affected by sexual involvement with their previous therapists. Subsequent therapeutic problems included increased depression, loss of motivation, impaired social adjustment, emotional disturbance, suicidal feelings or behavior and increased drug and alcohol use.

Feldman-Summers and Jones (1984) conducted a study of 30 women in order to systematically compare, on a variety of psychological measures, women who had sexual contact with therapists, women who had sexual contact with other health care practitioners, and women who had not been sexually involved with their therapists. Women who had sexual relations with their therapists or other practitioners were reported to suffer similar negative consequences including mistrust of men and of

therapists and anger towards men. These women also had more psychosomatic symptoms one month after therapy than did women who had no sexual contact in therapy. This study found that the severity of negative impact could be predicted by prior sexual victimization (e.g., childhood molestation or adult sexual coercion) and that when the therapist was married, there was a greater negative impact.

Schoener, Milgrom and Gonsiorek (1984) based on their work with female clients who presented for therapy at the walk-in counseling center in Minneapolis, reported the following common client reactions to sexual exploitation that required working through in subsequent therapy: guilt and shame stemming from the experience, grief over the lost relationship, anger or rage over the violation of trust, depression and low self-esteem which had been created or exacerbated by the sexual involvement, ambivalence and confusion about the previous therapy, fear of rejection, and distrust of therapy and males.

Sonne, Meyer, Borys and Marshall (1985) reported on a post-therapy support group project that was established following a task force study by the California State Psychological Association which

suggested that sexual intimacy within therapy adversely affected 90% of the clients involved. Sonne (1989) described three major clinical issues that surfaced repeatedly in group therapy that she conducted with women who had been sexually involved with their therapists: difficulties with trust, impaired self-concept and problems expressing anger. In addition, these clients had difficulty with setting interpersonal boundaries.

Based on studies that examined the effects on clients of sexual involvement with therapists assessed by clients, subsequent therapists, and clinicians who conducted psychological testing, Pope (1989) identified a clinical syndrome resulting from therapist-client sexual involvement. This syndrome was described as bearing "similarities to aspects of borderline (and histrionic) personality disorder, post-traumatic stress disorder, rape response syndrome, reaction to incest, and reaction to child or spouse battering" (Pope & Bouhoutsos, 1986, p. 64).

Treatment of Clients in Subsequent Therapy

Because therapist-client sexual involvement has only recently become more openly acknowledged as an issue worthy of investigation, the study of effective

treatment methodologies is still in the beginning stages. The bulk of work addressing subsequent psychotherapeutic treatment for clients has been addressed from the clinical experience of researchers and/or therapists who have worked with these clients. The most thorough work done in this area has been conducted by the professionals at the Walk-in Counselling Center of Minneapolis, Minnesota (Schoener, Milgrom, Gonsiorek, Leupker & Conroe, 1989).

Although there is no statistical evidence to indicate the percentage of women who return to therapy after sexual involvement with a previous therapist, some authors have speculated that many of the clients who have been sexually involved with therapists seek subsequent therapy because of the trauma that ensues for the client following such an event (Bouhoutsos et al., 1983; Stone, cited in Bouhoutsos et al., 1983). There is evidence that, similar to incest, the effects of therapist-client sexual involvement may be delayed, with some clients remaining emotionally numb for some years until an event triggers memories or feelings about the experience (Pope, 1988). There has been considerable support for the use of multimodal approaches including individual therapy, group therapy,

and advocacy on a long term basis with this particular group of clients (McPhedran, 1992; Pope & Bouhoutsos, 1986; Schoener et al., 1989). Leupker (1989b), points out that in order to create an effective treatment plan, the initial assessment should include an exploration of: (a) current problems and needs of the client, (b) specifics of the therapy abuse and its meaning to the client, (c) problems that were neglected due to the therapy abuse, and (d) early life experiences and their relationship to the therapy abuse.

Pope and Gabbard (1989) outlined requirements for subsequent therapy including a need for clear communication, stability and trustworthiness on the part of the therapist, and receptivity to each client's unique experience.

> The damage caused by sexual contact with the therapist can be so complex and pervasive, the needs of the individual so personal and idiosyncratic, and the vicissitudes of psychotherapy so difficult to pin down, that there can be no "by the numbers" guide. (Pope & Gabbard, 1989, p. 89)

Pope and Bouhoutsos (1986) further point out that "in terms of developing clearly conceptualized, effective, and efficient treatment approaches, we are just beginning" (p. 109).

Leupker (1989c) writes about the need for follow-up research to address: (a) the on-going experiences of these clients, (b) the long term effects of this type of exploitation, and (c) the efficacy of various types of intervention.

Recovery Following Sexual Violation in Therapy

How do women recover from the extensive damage that occurs following sexual violation by a therapist? Studies done to date provide a useful overview of factual information on the nature, incidence and effects of therapist-client sexual interaction. Issues that are relevant to the recovery of women who have been sexually involved with a previous therapist are only beginning to be addressed in the literature. A recent study by a Canadian researcher (Wine, 1992) in which 40 women in the helping professions were interviewed about their healing process following sexual involvement with their therapists, indicated that few women studied had gone through a full healing process because of the silence surrounding the issue, and because so little is known as yet about the process of healing from this experience.

The recent reporting of details of several cases of doctor patient sexual abuse in newspapers, magazines

and books, (Coulter, 1992; Cox, 1991; Gray, 1991; Hyde, 1991) attests to the fact that both professionals and the general public are becoming more aware of the extent of the problem of therapist-client sexual violation. The intent of this study was to obtain information that would add depth to the literature by providing information about women's process of recovery from this experience.

The method I chose to address the question being asked in this study was that of grounded theory. This method was chosen for several reasons: (a) it allowed the women being interviewed to freely share their experience, (b) it focused on individual life experience and understanding meanings, (c) it allowed for an interview process in which the participant was empowered to work together with the researcher to develop her experience, and (d) it allowed for the development of a theory grounded in the data provided by the participants.

The next chapter will present the methodology used for the study.

III. METHODOLOGY

Grounded Theory Research

The grounded theory approach originated in the social sciences, and is based on the principles of symbolic interactionism (Blumer, 1969). Symbolic interactionists view human behavior as the result of an interpretive process through which people assign meaning to experiences via social interaction with others (Blumer, 1969; Chenitz & Swanson, 1986). Symbolic interactionists thus emphasize the exploration of meanings given to events in particular contexts, and the interpretation of these meanings as an essential part of reality that can only be understood through naturalistic inquiry and inductive analysis (Patton, 1990). Grounded theory as a research method (Glaser, 1978; Glaser & Strauss, 1967; Strauss & Corbin, 1990) was originally developed from the symbolic interactionist perspective as a way to generate theory inductively from data collected in practical settings. The grounded theory approach enabled researchers in psychology to study the experiential aspects of human behavior that previously had been inadequately addressed by using traditional research methods (Rennie, Phillips & Quartaro, 1988). The uniqueness of

grounded theory is that it "uses a systematic set of procedures to develop an inductively derived theory about a phenomenon" (Strauss & Corbin, 1990, p. 25). Using the grounded theory approach the researcher gathers data based on the realities of the participants in the setting, develops a conceptual framework, and using inductive and deductive analysis moves the information from a descriptive to a theoretical level(Glaser & Strauss, 1967; Hutchinson, 1986; Strauss & Corbin, 1990). The resulting theory articulates the basic social psychological process (BSPP) through which the participants solve the unarticulated problem (Glaser, 1978; Hutchinson, 1986). This core variable, or basic social psychological process, explains most of the variation in the data (Glaser, 1978). Thus, grounded theory focuses on the generation of theory rather than the verification of existing theory. In this study, the intention was to construct a theory that explained the process through which women recovered after sexual violation by a male therapist.

The grounded theory approach has been verified as a method "to understand the client's perspective in a way which is relatively uncontaminated by theory derived from the therapist's perspective" (Rennie,

Phillips & Quartaro, 1988). Stern (1985) states that grounded theory as a method of data collection and analysis is ideal for studying problems for which little research has been done, in order to discover what participants themselves see as solutions that can then be applied to the setting. This method can be used to develop new theory or to reformulate existing theory (Hutchinson, 1986). The grounded theory method was considered an appropriate method for this study since its goal was to explore the phenomenon of recovery in an area that has received little research attention.

According to Strauss and Corbin (1990) a grounded theory that is well constructed meets four criteria: (a) it fits the substantive area that was studied, (b) it is comprehensible to participants and those practicing in the area, (c) it has sufficient variation to make it applicable to a variety of contexts related to the phenomenon, and (d) it should provide control with regard to action toward the phenomenon.

The Analysis Procedure

In grounded theory analysis each interview is broken into individual sentences or meaning units and descriptively labelled with as many codes as possible.

These codes are referred to as open codes, and often reflect the language used by the participants (Glaser, 1978; Strauss & Corbin, 1990).

Codes that pertain to the same phenomena are then grouped into categories. During this process concepts are assigned to as many categories as possible, in order to allow for the thick description that is necessary for a theory that is well grounded in the data (Strauss & Corbin, 1990). These categories become the basis for theoretical sampling, guiding the focus for subsequent interviews. Strauss and Corbin (1990) point out the importance of researchers increasing their theoretical sensitivity during the analysis process by reading relevant literature and asking questions of the data in order to create hypotheses to pursue in subsequent interviews.

Through the process of axial coding (Strauss & Corbin, 1990), connections are made between categories and their sub-categories. During this process, categories are compared for similarities and differences, to determine how the emerging themes are linked together. At this stage, categories are developed in terms of the conditions that gave rise to them, the contexts in which they are embedded,

strategies by which they were handled, and consequences of the strategies used (Strauss & Corbin, 1990). Saturation of categories occurs when completeness is reached in terms of the conditions, context, strategies and consequences, and when no new information is available to indicate new codes or expansion of old codes (Hutchinson, 1986; Strauss & Corbin, 1990).

The central, or core category is defined by the categories subsumed under it, and is the last to saturate (Rennie, Phillips & Quartaro, 1988). The core category evolves through becoming aware of the hierarchical nature of the related categories, the categories that are repeated frequently in the data, and that explain variation in the data (Hutchinson, 1986). Memoing is a strategy that is used throughout the research process to systematically record ideas and hypotheses about the emerging theory (Glaser, 1978; Strauss & Corbin, 1990). Sorting of memos helps to move the conceptual framework from a descriptive to a theoretical level. In a grounded theory study the researcher continues to ask questions of the data until there is satisfaction that a "conceptual framework is developed that is integrated, testable and explains the problem" (Stern, 1985, p. 154). According to Rennie,

Phillips and Quartaro (1988), saturation of categories (i.e., when no new information is forthcoming to indicate new codes or the expansion of old codes) often occurs after the analysis of 5 to 10 protocols. In this study these numbers were used as a guideline with actual collection of data stopping once the categories became saturated.

Implementation of the Study

Bracketing of Preconceptions

The process termed "bracketing" allows the researcher to suspend personal beliefs, and permits the reader to take into account the researcher's perspective when reading the research report.

From a qualitative perspective, the understanding that one gains as researcher is difficult to objectively separate from the personal assumptions that are brought to the research context. In order to reduce the influence of personal biases about the phenomenon being studied, the researcher uses self-reflection to identify preconceptions about the area of research, and continues to record biases throughout the research process (Osborne, 1990; Rennie, Phillips & Quartaro, 1988). During the study I continued to clarify and bracket my biases through the use of a

journal, through meeting with colleagues and discussing my assumptions, and through constantly checking my own views against the realities expressed by the participants.

As I prepared to complete this work, I recognized that my thoughts and beliefs about recovery from the experience of sexual violation in therapy have evolved over time from a number of sources: from my own experience with being a client in therapy, from the learning I have done in my role as therapist, and from the variety of theoretical perspectives that have been illustrated to me during my supervision and attendance at workshops.

I believe that my own experience as a client was the beginning of my questioning about boundary issues and gender role socialization. My reason for attending therapy was to work out past issues and sort out a life direction for myself. Often during my sessions I was aware of feeling that I was not being understood and that my male therapist made many assumptions about my reality without checking my perceptions of my own experience. I often became angry at interpretations that implied I needed to adjust my point of view and assume a subordinate role in relationships, both

personal and professional. In addition, a focus on transference issues in therapy obscured my ability to understand and work through boundary issues that arose during therapy, and that would have been helpful to address. The fact that my transference issues were emphasized and the therapist's ignored, resulted in a relationship of tremendous inequality. As I look back on this experience in retrospect, I believe that much of the frustration I experienced was due to a lack of understanding of gender issues, and assumptions made by both the therapist and myself that he was an expert who knew more about me than I knew about myself. I was acutely aware of the power differential between us, that often prevented me from having the confidence to express myself, and prevented him from understanding my perspectives. It was not until I left therapy, and became involved with a network of women that I came to recognize that my experience had been a common one for many other women.

I began to work with survivors of sexual abuse during my counselling work with women experiencing addiction problems. Upon hearing about the tremendous abuse and trauma that many of these women had experienced in their lives, I was often shocked and

horrified at the abuse that had been inflicted upon them, mainly by the men in their lives. While working in the area of addictions I began to recognize that the addiction these women were displaying was their way of coping with underlying issues that were very painful to address. As the women shared their stories with me, I recognized how they had often been blamed for "creating their problems" and labelled in negative ways by therapists, family, friends and society. Their response had been to internalize this blame, thus lowering their self-esteem even further. At that time I was not trained to provide the intensive therapy that was required to resolve the fragmentation of their lives that these women were experiencing, but I wanted to further develop my competence in working with women who had experienced trauma.

Upon my return to graduate school I continued to do counselling under supervision. I began to work more actively with survivors of sexual abuse. One of my clients was a survivor of sexual abuse by her therapist. I was not aware at the time of the impact this client would have on my beliefs and values about therapy. During our first session together, this client shared her violating experience in a tone that

was dissociated from any affect. I could clearly see that the boundaries in her therapy had been gradually eroded, leading up to the eventual sexual violation which continued for several years. I also observed the client's lack of awareness of the responsibility on the part of the therapist to maintain his professional boundaries. I became outraged as she described the statements made to her by the therapist, that defined her as responsible for the abuse she had experienced. I became angered at the lack of integrity illustrated by a member of a therapy profession whose role it was to protect and honour his client's boundaries, rather than violate them. Working with this client as a therapist was a very positive learning experience for me. I began to read more in the area of sexual abuse and boundary violation, and decided to make this area the focus of my study.

As I carried out the interviews for the study, I found it difficult at times to listen to the repeated victimization that some of the women in the study had experienced in their lives. I recognized that focusing on the women's pain could also obscure examining societal and institutional sexism that continues to perpetuate abuse. My subsequent experience with

observing the court process or hearing process when women have been violated by therapists, along with further counselling work that I have done in this area, has resulted in a conviction on my part about the need for educational work and consciousness raising about this issue. I believe that therapists in training would greatly benefit from education about the dynamics that result in therapist client sexual violation, and from gaining an awareness of their own gender biases that can lead to a violation of boundaries in therapy. I also believe that it is important for therapists to acknowledge this as an issue worthy of addressing as a professional body, in order that the integrity of the profession be maintained.

My work throughout the research process in my role as researcher, and other involvement that I had with the issue of sexual violation in my role as therapist made it crucial to monitor and record my views and biases throughout the research process. These biases were dealt with through journaling and peer debriefing as well as through discussing my feelings and concerns with colleagues. These methods enabled me to become aware of my biases and prevented me from imposing my own points of view on the participants.

This thesis is a contribution towards adding further understanding of the issue of sexual violation in therapy from the perspectives of women clients who have been violated, and reflects their voices and their experiences as much as this was possible.

Pilot Study

A pilot study was conducted during a research course using the method of grounded theory. This pilot study included in-depth interviews with two women. The pilot study was carried out in the manner described within the preceding methodology section. Experience and information gathered during the pilot study was utilized to further improve the data collection and analysis procedures. Feedback received from the course instructors resulted in revised wording of the research question, and also contributed ideas for future thematic analysis of subsequent protocols. The pilot study interviews were included as part of the thesis.

Selection and Description of Participants

In a grounded theory study the researcher uses theoretical sampling (Glaser, 1978). Initially the researcher chooses participants who represent the phenomenon, and are relatively similar (Rennie, Phillips & Quartaro, 1988). Subsequent sampling is

guided by data analysis. The researcher seeks to obtain the full range and variation in emerging categories as the theory emerges (Chenitz & Swanson, 1986).

Selection of participants for this study was theoretical (purposive) (Glaser, 1978). The eight women who participated in the study had the ability to articulate their experience and share their responses with me (Morse, 1991; Wilson & Hutchinson, 1991). At the time of the study, all of the women were over the age of eighteen, had been sexually violated during therapy by a male therapist, and had received subsequent therapy from a psychologist or psychiatrist following that experience. For the purposes of this study, all of the women interviewed fit within the definition of sexual violation level II described by the College of Physicians and Surgeons (1992) which was defined in Chapter I.

The eight women who took part in the study were located in three ways: (a) through a psychiatrist or psychologist with whom they were in therapy, (b) through referral from other participants, and (c) through self-referral.

Therapists who referred clients for the study were

accessed through networking at conferences on therapist/client sexual violation. I telephoned six psychologists and psychiatrists within the city of Edmonton who had expressed interest in the study to ask whether they were working with clients who might be willing to participate in the study. Therapists who responded affirmatively were delivered a letter describing the nature of the study (see Appendix A) as well as a letter describing the purpose of the study (see Appendix B). Any questions that the referring therapist had were answered at this time. Those therapists who were willing were asked to provide appropriate clients with both a letter that described the nature of the study (see Appendix A) and a letter that described the purpose of the study (see Appendix B). Handing out both pieces of information ensured that referring therapists and participants were fully informed about the study. I contacted the therapists again to obtain the signed consent forms of interested clients, and subsequently contacted those clients who had provided consent to participate in the study. Four participants were accessed through their therapists.

Two participants were accessed through referral from participants who had already taken part in the

study. In these cases I provided the contact person with a letter describing the nature of the study (see Appendix A) and a letter describing the purpose of the study (see Appendix B). I requested that the contact person provide the potential participant with a letter that described the nature of the study (see Appendix A) and a letter that described the purpose of the study (see Appendix B), again providing contact persons and participants with both pieces of information to ensure that both groups were fully informed about the study. Upon receiving from the contact person the consent form which had been signed by the potential participant, I telephoned the participant.

Two participants who heard about the study also enquired about being included in the study. In these cases I provided the participants with a letter describing the nature of the study (see Appendix A) and a letter describing the purpose of the study (see Appendix B). After reading these both participants remained interested in being included in the study. One of these participants was a client I was seeing in individual therapy at the time of the study. After a discussion of the costs and benefits of interviewing this client, clearance was received from my supervisory

committee to proceed with the interview.

The eight women who took part in the study ranged from 24 to 53 years old at the time of the study. Their ages at the time of the sexual involvement with their therapists ranged from 15 years to 50 years of age. Professions of the abusing therapists included four psychiatrists, one social worker, one marriage therapist, one minister, and one counsellor. Length of the therapy during which the sexual involvement occurred ranged from four sessions to 13 years. The length of time of the sexual involvement with the therapists ranged from a one time occurrence to thirteen years. All of the women had discontinued their sexual involvement with their therapist at the time of the study. Several of the women who were interviewed expressed concern about the issue of anonymity. Pseudonyms were chosen by those who wished to ensure that they would not be identified. A detailed description of the individual participants is provided in Table 3.1.

TABLE 3.1 THE PARTICIPANTS

Name	Age at Time of Study	Age at Time Sexual Involvement Began	Reason for Seeking Therapy	Length of Therapy	Length of Sexual Involvement
Diane	53	38	depression	5 yrs	4 yrs
Mary	44	39	depression/ marital problems	6 yrs	6 mos
Madeline	52	50	marital breakup	2 yrs	1 yr
Gail	47	19	family problems/ attempted suicide	13 yrs	13 yrs
Brandy	30	22	eating disorder	8 yrs	3 yrs
Donna	45	28	marital problems	4 sessions	once
Lynn	50	37	marital problems	4 yrs	2 yrs
Alex	24	15	behavioral problems	3.5 yrs	3.5 yrs

The Interview Process and Ethical Considerations

The interview process with the eight participants took place over a time frame of two years, from January of 1992 until December of 1993. Previous to the first interview, each participant was telephoned by me in order to set up a date for an initial contact visit. During the first contact visit the nature and purpose of the research project, as well as potential risks and benefits of participating in the study were explained. Any questions that were asked by participants were answered at this time. Participants were informed that they could withdraw from the study at any time. They were informed that their names and the names of previous and current therapists would be kept confidential. The parameters of the study and degree of my involvement were clearly laid out (i.e., purpose of the study is research rather than therapy). During the initial contact visit the participant and I collaboratively made a decision about whether she would continue with the study. Participants were asked to sign a written consent form (see Appendix C) and to fill out a brief information form (see Appendix D). At this time a date was set for the first interview which was held at a location that the participant and I had

agreed upon as being suitable. Participants were informed that there would be an expectation of two ninety minute interviews, with a repeat interview being held after the data analysis of the first protocols. The participants were informed that I would be prepared to provide support during the interviews should strong emotional responses be evoked. On occasions when emotional issues arose that required therapeutic intervention, I encouraged the participant to further discuss these with her current therapist. On one occasion where the participant was no longer in therapy I provided her with the name of the appropriate regulatory body where she could obtain the name of a therapist. Several other times during the research process I was required to make decisions about boundary issues. On two occasions, for example, participants asked for advice about personal issues that were unrelated to the research. On these occasions I explained my role as researcher and suggested appropriate referral resources for the problems being addressed.

In order to allow time for reflection, participants were provided during the initial contact visit with the following interview statement:

> I would like you to tell me about your recovery following your sexual involvement with your therapist. I am interested in knowing (a) what led up to your sexual involvement with your therapist, and (b) how you proceeded from the time your sexual relationship with this therapist ended, to the place where you are in your life at the present time.

I met with each participant twice to gain a complete account of her story. I was subsequently contacted by some participants when they wished to provide additional information. Once the transcribing was completed, participants were provided with the interview protocols for review of the content. I then met with each participant to ensure accuracy of the content of the transcribed interviews and to expand on or clarify information.

Data Analysis

Data analysis began with the first interview and continued simultaneously with data collection. Using the constant comparative method (Strauss & Corbin, 1990), data were systematically analyzed in order to find patterns and ultimately a core variable or main

theme that explained what was going on in the data.

Once the interviews had been tape-recorded, the conversations were transcribed verbatim in order to ensure accuracy. Data were then analyzed and interpreted by adapting the steps described by Strauss & Corbin (1990):

1. Individual meaning units were paraphrased throughout the interview for the first four interviews (see Appendix E, Table 1).

2. Open coding was used to descriptively label the meaning units with as many codes as possible, for each of the eight interviews. Codes were assigned to more than one meaning unit if this was appropriate (See Appendix E, Table 1).

3. Codes that pertained to the same phenomena were grouped together. The meaning units contained in each group of codes were summarized (See Appendix E, Table 2). Subthemes were developed in terms of conditions that gave rise to them, the contexts in which events occurred, strategies by which issues were handled, and resulting consequences (Strauss & Corbin, 1990).

4. The major themes developed from an ordering and linking of the subthemes for each interview, and subsequent linking of subthemes and themes across the

interviews (See Appendix E, Table 3). Through the use of the constant comparative method subthemes were compared with one another, subthemes were compared to themes, and emerging themes were compared to one another. The emerging themes guided the focus for questions asked in subsequent interviews and for selecting participants when this was feasible. Hypotheses were created and checked in subsequent interviews. Saturation of themes occurred after the analysis of eight interviews.

5. The central or core theme was defined by the themes subsumed under it, and was the last to saturate (Rennie et al., 1988). The core theme evolved through memoing and drawing diagrams in order to become aware of the hierarchical structure of themes. Themes (memos) were cut out and rearranged several times until the process emerged. Summarizing the findings in the form of a narrative story (Strauss & Corbin, 1990) also helped to clearly conceptualize the core theme (category).

6. As the core theme emerged, and similarities were noted between the recovery process for these women to women recovering from sexual abuse, the literature on recovery from sexual abuse was used to further

validate the accuracy of the findings.

Upon completion of the data analysis, I met with each participant to provide her with the themes that arose from the interviews in order to ensure that these fit with her experience. Following the verification of the themes, a date was set for the third interview. After analysis of the final interviews, the data was written up to reflect the common themes and process that emerged from the data. As the data was being written up, I returned to participants twice to obtain further information with regards to the emerging themes. Participants were then provided with the findings (i.e., Chapter 4) to review and provide feedback about.

Trustworthiness

The criteria used for assessing rigor of qualitative studies follows with the goals and purposes of qualitative research. The assumption of multiple constructed realities that underlies qualitative research makes truth relative to persons and context rather than a tangible reality that can be discovered through rigorous objectivity (Lincoln & Guba, 1985). Within the naturalistic paradigm, the goal of the researcher is to present the richness and diversity of

human experience, taking into consideration historical, contextual and relational factors. From this perspective, knowledge becomes relative to the stance, environment and experience of the knower. Attempting to standardize language or experience, or controlling for cause and effect, would therefore be antithetical to the purpose of qualitative research.

A further assumption underlying qualitative research is the irreplicability of the research process and product (Sandelowski, 1986). The design of the study is based on the particular question being asked, and therefore each study is unique. The goal of the research is to "produce a coherent and illuminating description of and perspective on a situation that is based on and consistent with detailed study of that situation" (Schofield, 1990, p. 203). Rather than seeking to generalize the findings, the qualitative researcher limits the findings to those situations, time periods, persons, contexts and purposes for which the data are applicable (Patton, 1990).

Lincoln and Guba's (1985) criteria for trustworthiness were used as a primary framework for establishing the trustworthiness of this study. According to these authors, the researcher convinces

the reader that the findings are trustworthy (i.e., worth taking account of) by ensuring for credibility, transferability, dependability, and confirmability.

Credibility

Lincoln and Guba (1985) state that the credibility, or truth value of a study is demonstrated by adequately representing the multiple constructions of reality presented by the participants in the study. Sandelowski (1986) indicates that a study is credible when (a) it presents such accurate descriptions or interpretations of human experience that the participants would immediately recognize it as their own, and (b) when other readers can recognize the experience if confronted with it after only having read about it in the study.

Credibility in this study was increased through the use of prolonged engagement of the researcher in the research context, peer debriefing, and the presentation of the findings against a background of existing literature. According to Lincoln and Guba (1985) a prolonged period of engagement helps the researcher to understand the context, recognize distortions and build trust.

Prolonged engagement in this study was ensured by

conducting two sets of interviews with each woman over time in order to obtain a detailed account of her recovery. The first set of two interviews was used to obtain each woman's personal account of her recovery. A third interview conducted several months later with each woman, was intended to determine any changes that had occurred since the first set of interviews, and to expand on the core category of "Claiming Self" that had emerged following the analysis of the first set of interviews.

In grounded theory research, the member check procedure, (i.e., having participants check the data) is crucial to establishing credibility (Lincoln & Guba, 1985; Hoffart, 1991). The member check procedure as described by Hoffart (1991) was adapted to ensure that the data and findings reflected the realities of the participants. As previously detailed, the following measures were used to ensure for credibility:
(a) participants were met with to ensure accuracy of the written content of the transcribed interviews and to clarify or expand on the information,
(b) participants were provided with copies of the analyzed data from their individual interviews to ensure that the themes fit with their experience,

and (c) participants reviewed the findings once these were written up, and provided feedback on the diagram that served as a metaphor for the process of recovery. Seven of the eight participants reviewed the findings. One participant could not be contacted.

After reviewing the findings participants provided feedback that the themes and phases "fit" with their experience. Several of the participants stated that they had been moved to tears when reading the findings because the themes were so relevant to their lives. Several of the participants spoke about the research process as having been very healing for them. These women spoke about further working through of issues that had occurred because of the increased insight they had gained from telling and re-reading the interpretations of their stories.

The use of the constant comparative method in this study also increased the credibility of the individual stories as illustrated by the commonality of themes that evolved across the interviews (Rennie, Phillips & Quartaro, 1988).

Lincoln and Guba (1985) describe peer debriefing as a process that keeps the researcher "honest". Peer debriefing was achieved by having two doctoral

students who were familiar with the grounded theory process review codes and themes for four protocols. The interview protocol for the first interview, as well as the codes and themes that emerged were also reviewed by my thesis supervisory committee. Throughout the research process, I regularly met with two colleagues who were also conducting grounded theory research for their doctoral dissertations in order to discuss and critically examine my research on an ongoing basis. These meetings provided an opportunity for exploring emerging conceptualizations, hypotheses, and biases that could interfere with the research process.

Theoretical triangulation was achieved by using the relevant existing literature for comparison and contrast (Strauss & Corbin, 1990). Following the analysis of the data, I recognized that the process of recovery for the women in my study appeared to be similar to the process of recovery following incest. I then utilized this literature to further validate my findings.

Lincoln and Guba (1985) also point out the importance of broadening or changing hypotheses when there is disconfirming data. In this study, cases that did not fit the emerging pattern were used to revise

hypotheses and guide subsequent sampling when this was feasible. Revised hypotheses were checked against past and future cases. As the study progressed, categories were continually compared to ensure that the emerging theory fit with the data.

Transferability

Transferability refers to the extrapolation of the findings to contexts other than that in which the study was done (Lincoln & Guba, 1985). The small number of subjects interviewed for grounded theory research accepts the fact that the theory is really only relevant to the time and context in which it was created. Hutchinson (1986) points out that a quality theory will, however, identify a process that is relevant to people in general. The techniques that were used to increase the likelihood of transferability included purposively and carefully selecting participants to ensure that they possessed the characteristics needed for the study, and could speak in depth about their experience of recovery (Brink, 1991). In keeping with the purpose of a grounded theory study, participants were initially selected who could speak in detail about the phenomenon of recovery, with subsequent participants being selected both on the

ability to locate them and on the basis of the ongoing data analysis when this was feasible to ensure for representativeness of the data. Participants were sought who represented a variety of ages and experience, who had varied initial and subsequent therapy experiences, and who were at different places along the continuum of recovery. This sampling procedure permitted for "thick description" that would enable others seeking to apply the theory to determine whether this would be possible.

Dependability

Dependability of the research process is ascertained by examining the methodologic and analytic "decision trails" created by the researcher during the course of the study (Hall & Stevens, 1991). Lincoln and Guba (1985) describe the audit trail as the basis for ensuring dependability, since a credible study establishes that it is dependable. In this study dependability was ensured by maintaining an audit trail, and journaling.

As suggested by Lincoln & Guba (1985), I documented the rationale and procedure, for my decisions related to sampling, data collection, data analysis, and the writing up of results. Field notes

were written following each interview to describe the setting and context. Memoing was done throughout the research process in order to keep record of questions, ideas, and emerging conceptualizations and themes.

Following each interview, a journal was used to record my subjective impressions and personal observations and assumptions, that could influence or introduce bias into the research process. This journal was also used to record questions and input provided by the members of my dissertation committee, by other professionals with whom I come into contact, and by the colleagues with whom I met during the research process.

Confirmability

Confirmability refers to neutrality; the extent to which the research reflects the experiences of the participants and is free from the biases of the researcher. The audit trail and journal described above were the major techniques for ensuring confirmability.

In conducting a qualitative research study, trustworthiness also is dependent upon the researcher as the instrument of data collection and analysis. The issues of researcher subjectivity and researcher competency must be taken into account. Confirmability

was increased by recording and working through my feelings and biases throughout the research process and through discussing concerns during meetings so that my views would not be imposed upon the participants. Confirmability was also increased by returning to participants several times throughout the study to ensure for accuracy of interpretation. Researcher competency is also an issue that ensures trustworthiness of results. In this study trustworthiness was increased by the interviewing experience that I brought to the study, by the experience that I had counselling in the area of sexual abuse, and by the knowledge I gained at the numerous workshops I attended in the area of therapist-client sexual violation.

Considerations for the Reader

The purpose of this study was to obtain women's perceptions of their experiences of recovery following sexual violation by a male therapist. Following are the criteria used as guidelines in participant selection. The participants were women who could speak about recovery from their personal experience. They were required to have attended subsequent therapy with a psychologist or psychiatrist. The stories of women

who recovered and had not attended therapy, women who had been sexually violated by professionals other than therapists or women who received subsequent therapy from counselling professionals other than psychologists or psychiatrists might offer different insights.

Interviews were conducted retrospectively, and the process required that the women recall aspects of their historical experience. It must be kept in mind that perspectives change with time and further healing, and that understanding of self and experience may change with the telling of the story. Therefore, conducting the study a future time or with other groups of women may produce different results.

Although the women addressed similar issues during the process of recovery, and a core category of claiming self evolved from the study, it must also be kept in mind that no two experiences are exactly alike. In capturing similarities in process, as required by the grounded theory method, it follows that some of the dynamics of the individual stories cannot be captured.

In the next chapter will be presented the themes that were central in the women's experiences of recovery from their abusive therapy.

IV. **THE FINDINGS**

Woman, standing on a hillside, peering,

peering into blue space ...

... What will woman be?

... not yet fully seen

... not yet fully revealed

... but coming

... coming

What will woman be?

(Duerk, 1989, p 18-19)

An Overview of the Process of Recovery

What is the process through which women recover following sexual violation by a male therapist? How do women come to claim their center of being in the context of a culture in which they have been unable to develop a stable sense of self? This chapter will present the themes of the women's lives that were integral in the disconnection from self that led to their vulnerability. The themes integral to claiming self that brought about recovery from the sexual violation experienced during the abusive therapy will also be presented.

The process through which the eight women in this study have collectively travelled on their journeys to

recovery are reflective of their life-long gender socialization and learnings as women. In relating their stories to me, the women could not separate their recovery from the historical contexts that had shaped their lives; nor could they separate the conditions that led to the sexual violation in therapy from previous violation and abuse that they had experienced in other relationships. Several of the women directly expressed having difficulty with trying to isolate and focus on the experience of recovery from the abusive therapy, as this experience was so intertwined with the context of their lives. According to McCann and Pearlman (1990) the meanings of the historical context are inextricably bound to the meaning of a traumatic event. Placing the traumatic event into historical perspective is an important aspect of recovery, since the victimization then becomes meaningful in context (McCann & Pearlman, 1990). Donna verbalized very clearly the sentiments expressed by several others about their recovery from the therapy experience:

> I'm not aware of one day sitting down and saying, "Okay the issue is..., and this is what we're going to deal with". It was like a thread that appears throughout a woven piece. You know, it was just an integral part, very much an integral part of a larger process of self discovery and recovery.

Thus the common theme of claiming self that emerged as the core category in the study was revealed through the telling of stories of unique life events that led to common themes of disempowerment and disconnection from self, coming to unique turning points, and journeying towards recovery and claiming self. As I reflected upon the importance for these women of connecting their past histories with their abuse within therapy, I came to recognize the meanings that this experience had in light of a lifetime of learning to be a woman. I came to understand how these women learned to deny their core sense of being in order to fit standards of behavior that were defined by others rather than through an understanding of their internal needs and feelings. I also had the good fortune of travelling with the women through their retrospective verbal accounts of their journeys towards recovery and claiming themselves, and coming to live their lives according to their own standards and values. Moving through the process towards claiming self was an arduous and painful, yet paradoxically rewarding, journey for the women I interviewed. The women were all at varied places on the continuum of recovery at the time of the study. Although there were many

commonalities in the women's stories, each woman's individual journey received its unique meaning from the complex events that had shaped her life.

Brandy has experienced many setbacks during her journey towards claiming self, yet she continues on the path. She describes her journey in the following passage:

> I guess some things have gone pretty bad in a sense. But I am always coming out one step ahead. Things sometimes have to get worse before they can get better. And sometimes you do some stupid things and then you learn from them hopefully. So all in all I guess I have gone back and forth, back and forth. But each time I have been doing it I have actually been going up kind of steadily.

Alex in looking back over the events in her life, put the abusive therapy experience into perspective in the following way:

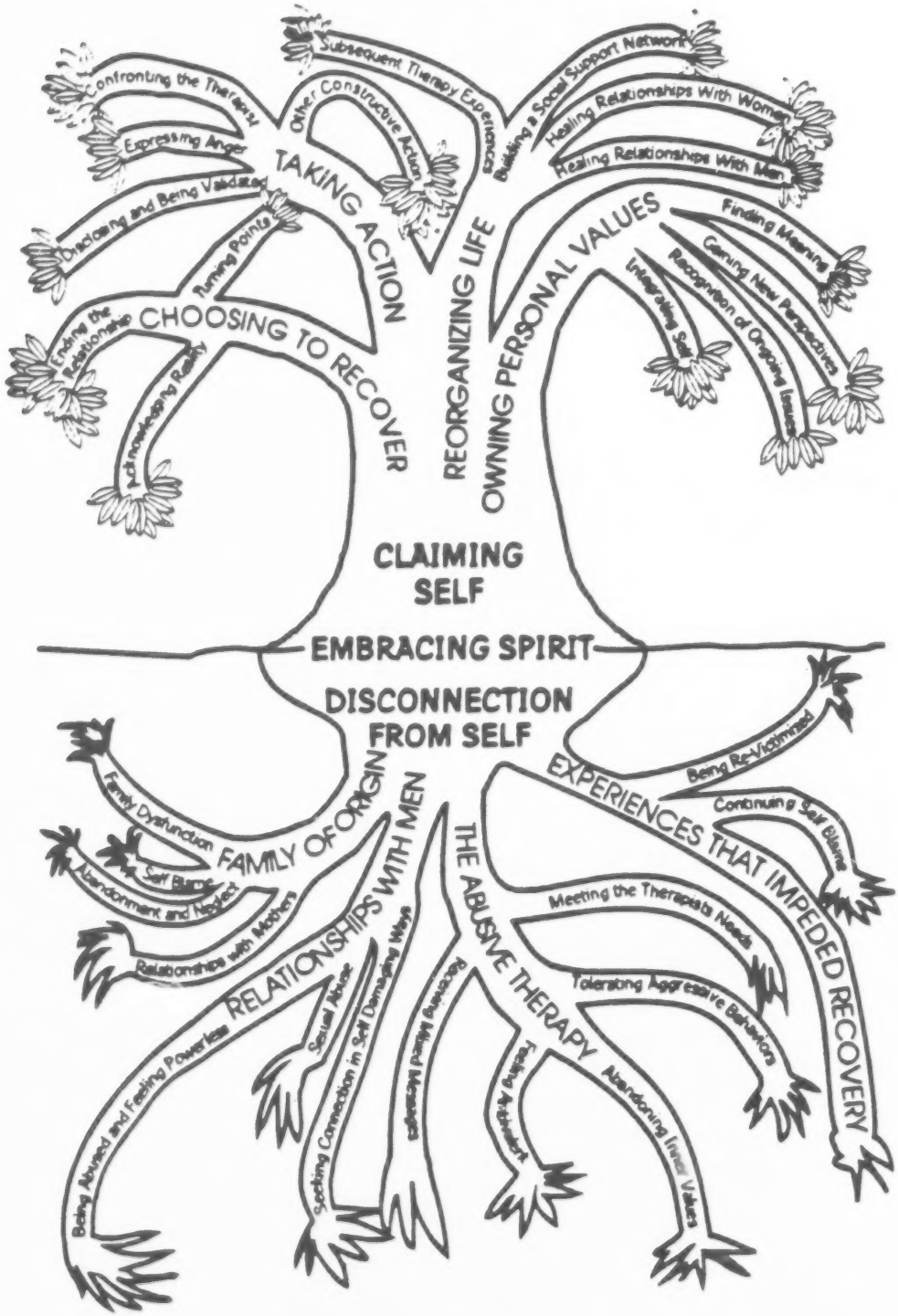
> I think I am more than a survivor, because I have overcome it. I have overcome it and even more than that I think that I have actually gained some things from the experience that I have gone through. And that makes me feel really good. Because I have wounds and I have lost time, I have lost life, I have lost a lot of things as a result of it. And it makes me feel really good that I have also gained some things. I have gotten some things out of that. Because I trust myself more than I would have otherwise probably. Because I have had to go through so much. And I have had to survive so much. And now I know that I am strong. It has really forced me to develop my resources and it has forced me to look at myself and to make my health a project. And I don't know if that would have ever happened otherwise. And I expect to continue in that path and I expect to be a

> really balanced person. And I don't know that I would have ended up that way if I hadn't been forced to make myself a project. If I hadn't realized that is what I really had to do, piece myself back together again.

The process of recovery is diagrammed and presented as two major processes that are intricately interconnected with one another, for recovery cannot be adequately addressed without a knowledge and understanding of the life events that are being recovered from. The first process, which is entitled Disconnection from Self includes life events that led to the women being disconnected from their core sense of self. These life experiences are reported under the major themes of family of origin, relationships with men, the abusive therapy experience, and experiences that impeded recovery. The women also spoke of an inner strength or spirit part of self that is reported under the theme of Embracing Spirit. The second major process, which is entitled Claiming Self includes life events that were integral to recovery. This process is reported under the major themes of choosing to recover, taking action, reorganizing life, and owning personal values/accepting limitations. Figure 4.1 diagrams the process of recovery as it was presented to me collectively by the women in the study. It is

represented in the form of a tree. The phases that resulted in disconnection from self are presented underground as the root system to represent the strength of the socialization process in which disconnection from self was rooted. The phases in the process of claiming self are presented above the ground in the leaves and branches of the tree which represent coming to life and making informed choices. Recovery was not a linear process for any of the women, nor did the phases occur separately from one another. Like the intricately interconnected parts of the tree the phases could be individually observed but were also inseparable from one another. As will become evident from the quotes, processes often occurred simultaneously with a great deal of overlap among the themes. The stories also illustrate the curvilinear nature of the process, revisiting of previous phases, and the importance of individual timing to each woman's process.

Figure 4.1
The Process of Recovery



Disconnection from self

All of the women who took part in the study spoke of early life experiences that led to disconnection from their sense of self. These included experiences of abuse, abandonment, and neglect within their family of origin, and for some women sexual abuse outside of the family. Themes of lack of connection with significant others during childhood were repeated in subsequent relationships and encountered once again in therapy as abusive patterns recurred and the women became further alienated from themselves. Past abuse and life patterns of pleasing others and feeling subordinate led to a discounting of their own internal knowledge and values, and feelings of self blame that followed these women to adulthood.

Family of Origin

All of the participants in the study identified experiencing physical, emotional, or sexual abuse during their childhood. Six of the women described their fathers as having had problems with managing alcohol. Several of the women described the neglect they experienced as their parents were preoccupied with alcohol problems or marital conflict. They spoke of ways in which they attempted to make sense of the

chaotic environments in which they were raised and of self-definitions that developed in dysfunctional environments where they received little contact or nurturing.

Family dysfunction. Seven of the eight participants in the study identified being raised in chaotic family environments in which their physical and/or emotional boundaries were violated. Excessive drinking and parental conflict contributed to environments in which there was little stability or predictability. Family members were often isolated from the larger community, while boundaries within the family were unclear.

Brandy describes her father's behavior after he had been drinking:

> (My father) would have temper fits on a Sunday. Some neighbour would call the cops over because he would be yelling that he would kill somebody. He was physically abusive. He got in trouble with the school, because I was showing up a little black and blue sometimes. Of course I wasn't saying anything. He got in trouble with social services about that and then I don't know what happened there.

Diane also describes repeated episodes of violence and abuse while she was growing up. The following quote provides an example of the dynamics that created a feeling of powerlessness on her part:

> I can remember an incident when I was ten. My parents were having a party and I was in bed and my brother had come home. He had just walked in the back door and started up the stairs. My dad was drunk. He started yelling at my brother and then he started hitting him. My brother started fighting back, because my dad was hurting him. My uncle came and he went after my brother as well.

Donna describes, in retrospect, her recognition that the family problems in her home were related to her father's mental illness:

> I've put together a kind of picture that makes sense to me of my family of the alcoholism on both sides. My dad's father committed suicide when he was six years old. My dad quit drinking six months before I was born and then didn't drink again for 28 years. But I realize that my dad had been mentally ill for as long as I had known him. He had kind of coped. He had covered up a great deal, but he was very ill.

Mary also described the effects of her mother's struggle with depression:

> My mother is depressed and has been for years. While I was growing up she spent most of her time in bed. The house was a mess. She was in the hospital once for a nervous breakdown. I was the caretaker. I kept everything together.

Self-blame. A major theme that arose as the women spoke of their childhood years was that of taking responsibility for the actions of their parents. Several of the women spoke of feeling that they were to blame for the lack of affection and love provided to them. Feelings of self-blame were intertwined with abandonment and abuse issues which the women made sense

of by blaming themselves.

Diane described the deep feeling of abandonment and self-blame she experienced after her mother became pregnant with another man's child and deserted the marriage, leaving the children behind with their abusive father:

> That summer when we couldn't see our mum anymore I can remember being up at the top of this street, and just screaming at God and yelling "Why are you doing this, Why are you doing this? Stop them". And I was just raving at God and of course nothing happened. There was no answer there, there was no way and I couldn't understand it. That's when I really started thinking that this wouldn't happen unless I deserved it. And this followed me all of my life because I always thought I was being punished for something and I didn't know why.

Brandy, who experienced an incestuous relationship with her father that began at a very young age and continued into her adolescent years, also blamed herself for the actions of her father:

> I used to build alters. I used to think I was sinful because of the things that I did with my dad, so I used to build alters and I used to...I really believed in God but I was always scared that I would go to hell. I knew what I was doing was sinful, so I used to build these alters back in the bush and I would sit there and pray to God and I would ask him. First I would ask what I had did that was so bad and then I would ask him to forgive me for the things that I had been doing. I used to cry lots. I used to be really sure that I was going to hell for this.

Mary early in life took on the role of caretaker through the years that her mother experienced

psychological problems and her father was drinking. Mary spoke of feeling like she was forced to assume the roles that her mother could not perform, and also took on the role of emotionally supporting her father. The pain of the responsibility she assumed was not outwardly expressed until many years later:

> It was like World War II. I cleaned, I cooked, I was the peacemaker. My mom would be in bed all day. My dad would come home after having a couple of drinks. My mom would get angry and I would keep everybody calm. I was hospitalized at 21 after a fight my mom and dad had. I remember the horrendous fight they had. I was doing dishes and suddenly my mom had a seizure. I called an ambulance. Three weeks after that I started to have headaches, nosebleeds and nightmares. I was hospitalized.

Abandonment and neglect. Another repetitive theme that was woven through the interviews was a recognition of being abandoned or emotionally neglected during childhood.

Madeline describes her relationship with her mother, which caused her a great deal of confusion while growing up:

> I had a very close relationship with her but I was not wanted. I was the eleventh pregnancy. My mother was very sick when I was a child. I was looked after by my sisters and the housekeeper. My mother's way of dealing with me if I did things wrong was to remind me that she nearly died when I was born...She always clung to me. She had difficulty letting go of me.

Lynn describes the abandonment and neglect that

also reflects the experiences of others whose parents were preoccupied with marital problems:

> I've started to look back into, my past, not to blame my parents but starting to realize that as a young child I was probably abandoned in some ways, neglected in some ways and that could be some of the reason why I needed a man there to try to help me through things. I got talking to my mom and I found out, she had gone back to the hospital for five or six weeks and I was left with my grandmother who had a young family and I would think probably I was a crib baby. I was probably, for quite a while probably in a crib. I never knew my father. He went overseas right after I was born for three years and when he came back he'd gone from being a tea tottler to a drinker. Mom and Dad started having problems.

Diane was abandoned by both her parents during her childhood years:

> I didn't even know my dad. I had never seen him until I was 4 years old. I was born while he was away from Canada...I was deserted by my mother when I was 5, I felt abandoned.

Gail stated that she felt her mother abandoned her at the age of two. She described feeling neglected by her mother for her entire childhood:

> My mother didn't pay any attention to me and she said she gave up on me. Until I started going over here at the University to the dentist, I don't think I knew how to brush my teeth. The only thing mom really told me about was where babies came from and menstruation, that's all.

Relationships with mothers. None of the women in the study described positive, connected relationships with their mothers. Incidents related by the women

indicated that their mothers were often emotionally unavailable as they attempted to cope with family problems or focused their attention on taking care of their husbands. Although the dynamics of the relationships between mothers and daughters differed, there was a theme throughout the interviews of a lack of sense of self on the part of mothers that was role modelled to their daughters.

Lynn describes how her mother's role modelling was part of what influenced her learnings to put others needs before her own:

> My mother was always co-dependent. She always made herself responsible for everyone else and I picked up a lot of that and I was constantly doing for other people and it was showing in all the things I was doing.

Alex also describes the dynamics in her relationship with her mother and role modelling that taught her to subordinate herself to males:

> My relationship with my mother was close...too close in the sense that she was living through me too much...if I felt upset or was having difficulties in my life she felt hurt. I felt guilty sharing my problems with her, because they became her problems. I had to meet her emotional needs a lot...I did not have respect for my mother. I saw her as powerless. She was always trying to please my father. She would not stand up to him in any assertive kind of way.

Donna also describes the role modelling she received from her mother, and how this extended to her

learnings about relating to men in authority:

> I know my mother did a lot of numbing of her own stuff. My father set the pace and ran the show and she subjugated herself to him. My mother did an awful lot of accommodating. I think she lost a lot of the characteristics of herself. She was so busy trying to be the peacekeeper...My mother has always given away so much power to men in positions of authority. Her attitude has always been with men in positions of power..."They must know more than I do."

Madeline also describes her mother's devoted commitment to her husband:

> Mom was subservient to dad. The world revolved around him. At mealtime my mother would always sit at the end of her chair. My dad would ask for something and she would jump up and get it. She was totally committed to him...My mom suffered from depression a lot. When my dad died she fell apart, she started drinking.

Brandy describes the reversal of roles between herself and her mother that occurred when her abusive father left the marriage:

> When my dad left my mom she started drinking, that is why I quit. She didn't used to drink, but she became quite an alcoholic for awhile. So I babysat her for awhile. She used to drink and take a lot of valium and stuff. She cried her heart out when my dad left. I didn't feel one ounce of sympathy for her or one ounce of sorrow that he was gone. I was having a hard time not jumping up and down for joy.

Mary also assumed the role of parent as her mother remained incapacitated by her depression. She describes her perceptions with regards to being triangulated between her parents:

> My parents did nothing but fight. My dad would unload on me. I was the oldest. I kept everything together. My mom was jealous of me because I was my father's favorite. She was very mean to me.

The following incident describes the nature of the abuse that Diane repeatedly experienced from her stepmother:

> Our stepmother was really a very cruel woman. She would bake all these wonderful things and set them out and of course we thought we should be able to eat them, so we would take them and eat them. She would come back into the room and count and then start hitting us.

Thus the life stories for these women began in contexts of dysfunction, including parental marital problems, alcoholism, and a lack of ability on the part of either parent to be emotionally present and nurturing.

Relationships With Men

A significant thread that was woven throughout the fabric of these women's lives centered around their relationships with men: their fathers, their husbands and their therapists. Themes of seeking connection and attempting to please the men in their lives and failing to do so were repeatedly interwoven in these relationships. In the telling of these stories patterns of relating to men often became inseparable as the women continued to repeat past patterns in their

search for a father figure.

Being abused and feeling powerless. The women who spoke of verbal and physical abuse during childhood or within their marriages also described intense anger which they turned inward due to their feelings of powerlessness within these relationships. This theme often continued in their relationships with their therapists.

Alex speaks of the subordination to men and feelings of powerlessness that began in her relationship with her father who was verbally and physically abusive towards her:

> What led up to my involvement, I would say then the important factor was my relationship with my father. He was very authoritarian, and unfair and unpredictable. And I was always very aware of the injustice of our relationship. The fact that he could do what he wanted and he could be what he wanted and I had to just abide by it, because I was his daughter. Although I was able to question it and challenge it internally, I never felt that I could stop it, that I had the power to stop it. I remember always swallowing my anger. I would get so enraged at my father, and I couldn't do anything with that. That sort of set the ground I think.

Donna effectively describes the repetitive patterns in her relationship with men that is also reflective of the stories of other women:

> My father was also an alcoholic and died as a result of it. I felt a lot of anger, a lot of anger around the emotional unavailability of my

> father in particular when I was growing up. In my first marriage my husband was very abusive, physically and emotionally abusive and I really was getting a picture of a pattern here that I had, I had repeated over and over again hoping for different results. And I certainly was a part of that pattern. You know, someone who was just not in any way available to me other than physically through either sexual contact or beating. While he didn't beat me the sexual contact was there. Those were my two experiences, my two kinds of experiences with men and as my awareness grew there was a generalized anger toward men and certainly the perpetrators.

The theme of seeking a father figure arose repeatedly for these women as did the theme of being unable to set boundaries and express anger in these relationships. Brandy speaks of how her search for a father and the repetition in therapy of previous incest dynamics resulted in confusion and self-hatred:

> It was hard because there was a wonderful myth to it in a sense that a), somebody cared about me because nobody ever had as far as I was concerned, b) when I was a little girl growing up I always wanted to get along with my father and when the therapist came along before things got sexual, to me, he was filling my father's shoes the way my father should have filled them and then, of course, when things became sexual I just related it to being the norm because that's kind of the way things went on at home anyways sometimes when I think of it, I hate myself for that when I think about it.

Sexual abuse. Two of the women who took part in the study were survivors of incest, and three spoke of being sexually assaulted by men other than their fathers during their childhood and adolescent years.

Three of the women were aware that their mothers had experienced incest or sexual violation during childhood. This knowledge was related during their narratives as the women tried to make sense of why their mothers had remained in abusive marriages, or why they had not taken any action with regards to the incest or sexual abuse experienced by their daughters.

Gail described being molested during her childhood by a great uncle who was a "respected" physician, and relative of the family. During her adolescence she was once again sexually assaulted by a family friend.

> When I was 17, there was that real estate man a friend of my dad's and he sold both our houses. At first he would drop in and have a little visit and I remember one time we were flipping for nickels and stuff... I went with him down S. Drive and I stopped with him to see a house and there were stairs, a lot of stairs and he sat down on a step and he grabbed me and put me on the middle step. He put his hand on the pelvic bone and then towards the vagina...

Gail describes the subsequent confusion, self-blame and internalized anger that resulted, in combination with keeping the secret as she felt unsafe with disclosing the abuse to either of her parents.

Alex speaks of the trauma she experienced when she was raped by a family friend who was teaching her dancing lessons. Until the time of the rape, Alex's mother had accompanied her to the location where the

dancing lessons were held:

> One day my mom said that she couldn't go and I really wanted to go. I really liked to dance the tango and I really wanted to learn. I decided to go by myself, anyways. So I went and he ended up getting me drunk and having sex with me. And I mostly remember just feeling very confused and dazed and very drunk. I wanted to throw up, I remember that, and afterwards feeling empty. I was fifteen. Then somehow I got home, I don't know how I got home, I know I got home on the bus, which really amazes me, because I remember walking through these fields. I am not really sure where I was going. Somehow I made it. I just kept walking. I got home and I told my mother what had happened and her reaction was: "Well, I told you not to go there".

Again the theme of self-blame was repeated, and was reinforced by Alex's mother. In looking back on this experience in retrospect, Alex speaks of burying her feelings, but beginning to act out aggressively through drinking and promiscuity during the year following the rape. It was this acting out behavior that eventually led her mother to seek therapy for her.

Brandy, too describes a sexual assault that led her to believe that sexual abuse was an event over which she was powerless:

> I fought a lot with my father when I was in my teenage years. I ran away a few times. One time it was a mistake because it was the first time I ever accepted a ride from somebody and be damned if I didn't get raped. I was fourteen or fifteen.

Brandy speaks of her father giving his friends permission to sexually abuse her. She speaks of

learning early during her adolescent years that becoming drunk could help her to cope with the pain.

Seeking connection in self-damaging ways. A common theme that appeared throughout the interviews was that the women felt obliged to give themselves sexually in order to repay the therapist for the attention or affection he provided. The quotes are indicative of the women's vulnerability and need for connection, and the therapists' tendencies to respond through connecting sexually with the women.

Lynn describes having been married for 15 years when she began to feel the pain of the lack of communication between herself and her husband.

> It was like, I was so unhappy in my marriage that I just, I just grasped at these straws (the therapist) was holding out to me. I had never had a man I could talk to like that, and again, I never had a father that I could talk to. My father and I to this day don't have any communication. (The therapist) just filled a real empty space in me and then when it became physical it was, it was like that was what I could give back. That I could ease his ache.

Donna describes a desperate need for security after her separation from a husband who was physically abusive and had often threatened her life:

> The only way that I knew of connecting with men was through sex. That was the only kind of, that was all I had to offer. That was all I was worth. Um, although consciously I didn't, I didn't conceptualize it that way on a conscious level but

> now in retrospect, um, I can certainly see that was the sum total of what I thought I had to offer in return for maybe being protected or, um, cared about, cared for even for a short period of time.

Mary also speaks about her loneliness and a need for comfort and security after her marriage ended. Her therapist began to visit her in her home:

> I was just newly divorced and alone. My kids had just left and I was alone in the house...He turned up two weeks later on a Saturday and the kids had just left with their dad on a holiday and I was really depressed, the kids were gone and I was alone. I was crying, he just got up from his side of the couch and walked over to me and that's how it started...I believed that because he was helping me I owed him something.

Madeline, too describes the vulnerability that led her to overlook her own values and become sexually involved with her therapist:

> This is the first person since my divorce that had been really nice to me and that we connected on an intellectual level. I really liked the attention. It was the kind of affection that I sort of fantasized that it would be nice to have. I recognize I let that take over my boundaries.

During their childhood and adolescent years, several of these women described feeling isolated and having few friends. This was often a result of having to keep family secrets about alcoholism or abuse that was occurring in the family. For most of the women, these patterns of loneliness and isolation continued into their adult years. Those who were married or

recently separated when they began to receive therapy from the sexually violating therapist, all spoke about the vulnerability that resulted from being in unhappy or abusive marital situations. Looking back in retrospect, connections were often made by the women between their need for connection and giving sexually. Several of the women spoke about having beliefs that they could not exist without a man, that often kept them trapped in abusive relationships. These beliefs were reinforced by their therapists who encouraged further isolation and dependency upon them as the sole source of support. The women in these relationships came to idealize their therapists.

Donna speaks of her dependence upon a male for her identity:

> At 27 I was, I was pretty unaware of a lot of stuff. Certainly my whole identity and self worth depended on having a male partner. There was no doubt about that. That was an absolute. Um, I had no close friends and certainly no women friends at 27. I certainly was not convinced that 2 children was all I was going to have. At that age I hadn't worked outside the home for a number of years and was painfully aware that my education was not what I wanted it to be.

Brandy describes her strong need for a validation from a male that contributed to the powerlessness she felt in the abusive therapy:

> I'd always be looking for kind of somebody strong,

> a father so to speak to influence my life because I felt at the time that I was kind of fragile and anything I did was wrong. I needed a man to say whether it was right or wrong or whether I was good or bad. I didn't think that my decisions mattered or counted so somebody else had to be thinking the world of me in order for me to be any good and that's where the therapist kind of acted.

Diane also speaks of a lack of trust in her own judgement, and her idealization of her male therapist:

> I had no belief in myself. I never listened to myself. I was very "in awe" of anybody who was educated. I wouldn't give an opinion, I wouldn't draw attention to myself, because I didn't know anything. I never listened to my inner wisdom as a matter of fact I was so disconnected from it that I wouldn't have heard it, if it was yelling at me...(The therapist) always told me too that I could never have a real relationship with anyone because I was too damaged. I believed it because I have really always believed that I was a very broken...I believed that there was something missing when I was born. Some part of me was missing. I believed that up until (my subsequent therapy).

These were the life themes that led up to the vulnerability with which these eight women entered therapy. Although each women's story is unique in the detail she presented about her history, I have presented the themes of each women's story that also portray every other woman's story particularly in terms of relationship dynamics, process, and familial and cultural learnings.

The Abusive Therapy

The women's reasons for entering therapy were

varied: two women entered therapy due to depression, three to receive help with marital issues, and the remaining three women because of attempted suicide, an eating disorder, and behavioral problems. At the point of entering their therapy, none of the women in the study had dealt with the past trauma that they had experienced in their lives. Their presenting issues were therefore an accumulation of the years of pain they had experienced.

Because of their historical experiences and their lack of ability to have boundaries or establish a sense of self during childhood, the women who took part in the study were at high risk for abuse in therapy.

Mary speaks for the others as she builds a bridge between the socialization she received, her family history, and her vulnerability to being re-victimized by an authority figure:

> I was raised in a family where doctors were respected and revered like gods. Because of my background I could tolerate a lot of abuse before I would react. I never learned to label abuse as abuse. I was taught that people always had reasons for what they did so I would always try to figure it out and find a way to fix it. This happened in my marriage and it also happened in my therapy.

Mary helps us to understand the connection between her past history and the tendency of the women to take

responsibility for the sexual abuse that occurred in the therapeutic relationship. All of the women in the study expressed a reluctance to question their abusive therapist, or to express anger as their boundary transgressions progressed to sexual abuse.

Donna's description of her sexual involvement with her therapist provides a metaphor for the tremendous power differential that exists between therapist and client:

> And we sat in the living room for a while and I can remember him sitting in one of the, the big chairs and I was sitting on the floor at his feet and now when I think about that and how it just symbolized so much of a power differential. Such an imbalance. So much inequality and he certainly initiated the sexual contact and it was mostly him groping me, I remember virtually no gentleness or tenderness.

Receiving mixed messages. The boundary violations that led to the eventual sexual involvement were most often gradually initiated by the therapist. All of the women spoke of receiving confusing mixed messages from their therapists, particularly with regards to the justification given by the therapists for the sexual involvement. Although the women internally questioned what was happening, they felt powerless to give voice to their concerns, and more and more they came to mistrust their own judgement.

Alex describes her ambivalence and confusion as her therapist progressed to sexually violating her:

> Then he would sit and hold my hand and say, "Relax, relax..." and this kind of thing and then he would say, "Trust me." In a very soft voice he would talk to me and stroke my hand a little bit and then gradually he started to touch me more. He started to touch my face very lightly and my arm very lightly, my shoulders and it felt very nice. It was a very soft and gentle touch. He touched my stomach as well, just very lightly and then my legs right down to my feet as he was talking to me and telling me to relax and just feel the energy flowing through me and this sort of thing. Then he touched me, he touched my breasts, very lightly acting as if nothing was different. He started on top of my crotch as well just very lightly as if it was just another part of my body. And I remember feeling really confused, like I didn't know exactly what was going on. I remember that I felt sort of physiologically aroused I guess. Not in a "I want to have sex" kind of way but just like it felt good. I remember feeling embarrassed, I felt embarrassed and I just didn't know how I was supposed to react. I didn't know if he was exactly intending to do that. I didn't know if this was in fact supposed to be normal. Like maybe he wasn't trying to be sexual and this was just part of the relaxation. You know, just tremendous confusion.

Gail addresses the mixed messages that led to her confusion and self-blame:

> (The therapist) knew that I was very unloved at home and a lot of times he would say, "Come on and sit on my knee." And it was just sort of like a father/daughter relationship for a while...Then it was more and more on his knee and fondling me. He kept saying, I had my arms around his neck, "Let your hands do what they want to do"...Then he started using hypnosis...One time he asked me if I would under hypnosis take all my clothes off. I came in there one day and he looks at me and says,

> "You want me to have sexual intercourse with you don't you. Well, I'm not going to , I'm a married man."

Lynn also describes a gradual erosion of boundaries that occurred in her relationship with her therapist. She speaks of receiving special attention from her therapist and being told by him that she deserved a better relationship than her marriage. She describes the context in which the sexual involvement with her therapist began:

> I think I always had him on a pedestal. Well this particular night he asked me to sit down for a couple of minutes and we were just chatting. I don't know, I don't even remember what happened, how it came up, how it started, what the words were but all of a sudden he was pulling me up and kissing me...I was very shocked by it. I couldn't get over this feeling of his kiss. I thought I had never felt this way even with my husband's kiss. I almost, when I think about it now, felt kind of revulsion. Like it was a real taboo.

Diane too expresses the shock and confusion that resulted when her therapist initiated a sexual relationship and her need was for parenting:

> Then he took my face in his hands and he started kissing me all over my face and telling me how important I was and how he really couldn't help himself and how beautiful I was and that he would never, ever abandon me. That is all I heard, I will never, ever abandon you. Then he told me that he loved me. I was absolutely euphoric. It was my fantasy again ... I had never had a sexual thought about this man, I had never a thought about him other than this surrogate father. But that meant that he was going to take care of me I knew that he would do anything to take care of me.

All of the women spoke about yearning for love and affection. When this affection was provided alongside sexual activity, it added further confusion as the women attempted to hold onto what had been presented as a caring relationship. In order to hold onto this illusion, however it was necessary to deny the reality of the sexual violation.

Feeling ambivalent. Despite the initial shock and dismay that was experienced with regards to the sexual involvement, and increasing discomfort with the relationships, the women remained silent about the violation they were experiencing. As they related their stories in retrospect, strong feelings of ambivalence were evident throughout the transcripts.

The need for emotional closeness, fears of abandonment, and growing dependence upon the therapist resulted in unhealthy enmeshment between the client and her therapist. The women spoke of becoming more and more isolated, and being encouraged by their therapists to abandon friendships and significant relationships. For those who were involved for greater lengths of time with the therapist, he became their reason for existence.

Madeline who had a strong need for connection

following her divorce, expresses the feelings of ambivalence that continued throughout the course of her sexual involvement with her therapist:

> The physical didn't feel right and it didn't...it felt good at times because I was happy to get the attention, but I knew this man was not free, there was no depth to it...I had trouble, what's the word, recognizing that I have that need, but he wasn't the person that was going to fulfill that need. I think my need was stronger than my, my ability to sort that out.

Donna, who experienced one incident of sexual involvement with her therapist, also expressed the strong desire she had for continued contact with the therapist despite the sexually violating episode she had experienced:

> At the time that this incident happened my ex-husband and I were separated and after (the therapist) left my home that night or when he was leaving he indicated that he would phone me and I had very much romanticized a contact between us. It was, the physical contact was horrible, it was just awful. It was very violent, very rough and uncaring. But I recognize now how horrendously vulnerable I was and how needy I was and I really believed that he would have contacted me, that he would phone me but he didn't I waited several days not wanting to be out of earshot of the telephone fully expecting that he would call me. He didn't.

Brandy, too, illustrates the extreme neediness, on one hand, and strong feelings of ambivalence about the physical involvement that characterized the relationship with her therapist:

> I looked at him as God. My days seemed to be OK

> if I knew I had to go to his office after work. I could catch a cab from work to his office. The thing is though, it turned me off in a sense because he was physical and I wasn't really a physical person. I never really liked to be touched. I guess the way I looked at it was that if I would be that way with him he could still love me more.

Diane also describes ambivalence and the extreme emotions that resulted from her therapist's control over her life:

> My whole life then was going to school, working, seeing him once a week at the same time at the end of the day. I would go home, throw myself on the couch and just cry, and cry and cry and cry and rage and rage and rage. That would go on for a couple of days and then the whole cycle would start again. I knew I was going back to see him and this whole thing would start all over again.

The women reported continuing feelings of ambivalence over several aspects of the relationship, including the sexual involvement, and the increasing control that the therapist had over them once the sexual involvement began. Later, it would be these very feelings of ambivalence that would trigger the women to take action with regards to ending the relationship.

Abandoning inner values. In relating the details of their sexual relationships with their therapists the women described the tremendous power that their therapists had, to the extent that their values were

discounted or abandoned in favor of meeting the needs of the therapist. In retrospect these women recognize that they did not have the opportunity early in life to learn to trust their own values and have these validated.

Lynn describes the discounting of her own judgement that occurred, with regards to making a decision to leave her family after she became sexually involved with her therapist:

> I believed everything he said. I believed that what he said was the truth. That anything he said, because I looked at him as a counsellor, was the right move, was the right way to go. So I trusted his judgement and even when he said, "You can leave your children" even the twinge I got I pushed away because I thought "He, he must know. He's a counsellor, he must know."

Brandy describes the ultimate abuse of power that placed her in a moral dilemma from which she felt unable to escape:

> Once his wife was listening in on the phone conversation we had. He used to talk very explicitly to me on the phone about what we were going to do...and I felt really guilty because it was his wife and I said we shouldn't do this anymore, it was wrong. He said that he would talk to his wife and deal with it and everything would be OK. So anytime I told him I didn't want to do anything, I thought I would hurt his feelings. He looked like he needed me or something.

Mary speaks of the confusing dynamics that resulted in her denial of her own values:

> I couldn't handle it. In my marriage I had been a victim of adultery. To me adultery is the worst thing that can happen in a marriage. It really destroys a lot...I think this was (the therapist's) agenda. I think he had planned to do this for a long time. Some of the things he said afterwards...I realized that this was something he intended to do and set it up to happen. He told me that I was not to tell anyone that we were involved, and also that he wanted nothing to do with the children...One of the things (he) said to me after the first time was, "See you are just like the rest of us."

Donna, too describes the abandonment of her values at the time of her involvement with her therapist:

> And I can remember seeing him, (he came over after my children were in bed) and I can remember seeing him park down the block and walking to the house so that his car wasn't in front of my house. I just had a sick feeling in my stomach that there was something really, really wrong and, the thing is what was really, really wrong for me at that point was that here I was a mother of 2 young children. I was separated. I wasn't divorced and then here I was contemplating being sexually intimate with someone who wasn't my husband and that was, that was the really wrong part, but seeing him come skulking up the street just, I remember that sick feeling that he knew this was wrong too you know this is wrong.

It was not until some time later that the women would learn to trust these feelings that could dictate for them what their boundaries needed to be.

Tolerating aggressive behaviors. For three of the women, the abuse of power took the form of verbal or physical aggression. As the therapy progressed these women became more powerless, as they accommodated to

the demands and abusive behaviors of the therapists. Even the most inappropriate behaviors on the part of the therapists were tolerated, as illustrated by Diane's story:

> And he became more and more important. He'd say to me, your husband is an emotionally abusive man and you don't have to put up with that. On two or three occasions he had my husband in with me and it was just a fight between the two of them. They would just end up screaming at each other and yelling. So I would leave them there fighting over me. I can remember on one occasion wanting to stand up and yell, I am right here, I am here, don't talk about me as though I am not here. My husband was telling him things and (the therapist) would put him down in such an aggressive way. No matter what my husband did it wasn't right.

Gail also speaks about experiencing physical violence, which she did not dare to question outwardly:

> He slapped me across the face because I told him that I was a hopeless case and then he pulled me out of the chair and he spanked me one across the behind. To this day, I can't figure out why I just didn't put my coat on and walk out. I just can't. Anybody else would have.

In Alex's case, the aggression took the form of sexual behaviors which were rationalized by the therapist as being carried out to cure her of the sexual deviance that he had diagnosed. Alex describes the beginning of the therapist's progression to more sexually deviant behaviors:

> He did some testing on me at that point to measure the degree of sexual deviance that I still had. He would do these tests periodically...Then he

> said that it was necessary to take the sessions into a more natural setting and then I would feel more natural with him, more normal with him, like it was a real relationship. For a few Saturdays in a row he went to pick me up in the morning, and he would take me to a hotel room or whatever and I would spend the day with him there. He would bring his sex toys and he would make sure they had the Playboy channels. We would watch the Playboy channel and have sex...

Meeting the therapist's needs. Boundaries continued to become more blurred as time progressed, and as the sexual involvement continued. The women still looked to their therapists for therapeutic guidance, but the concerns they voiced were not heard or acknowledged. While the women still had a need for therapy to resolve the presenting issues that were brought to therapy, their therapists' actions made it clear that any counselling had discontinued.

Any questions about the sexual behavior on the part of the women were discounted or met with rationalizations which the women felt they could not dispute due to the tremendous trust they had invested in the therapists, and their beliefs that the therapists were entitled to take advantage of them sexually.

Mary expressed her dilemma when she attempted to talk to her therapist about her guilt over their sexual involvement:

> He would come over and I would be really upset because I was sleeping with a married man which to me is the worst thing in the world you can do. Then he would compliment me on my super-ego. He was saying that it was psychiatrically or psychologically healthy that I had a conscience. That I knew the difference between right and wrong.

Brandy, who had never dealt with her experience of incest during her therapy, described her need to continue with the therapy, while the therapist's goals were very different:

> I'd go through a lot of my self loathing and then he'd say, I was all right and when I would tell him how I felt because I had this habit of looking at him as my doctor, he didn't want to hear it, unless it was positive. It was so bad to the point where he didn't even really talk to me any more. He would come over here or something and I'd be wanting to talk to him but he wanted to be rushing into the bedroom.

Madeline's therapist also rationalized the sexual relationship when she attempted to address her guilt:

> I kept hearing from him, "well, we're just friends." You know. "You're not my client any more, so it's okay. We're friends." And so I think I rationalized that.

In Alex's case, the therapist rationalized the sexualized therapy and defined her as responsible for his behavior:

> I asked him how he could love me when I was so fucked up. He said it was because he could see my potential. He could see what I could be. And that was very confusing, it was very unsettling. The whole time before he said anything like that and afterwards frequently he would tell me that it

> was such a chore to have sex with me. That he really hated to do it and that he virtually didn't have to do it but it was the only way to cure my sexual deviance and that kind of thing. He just gave me so many mixed messages all the time about so many things, about what was motivating him.

Experiences that Impeded Recovery

All of the women who took part in the study spoke of the abusive therapy as having compounded their problems and as having left them with scars that were very difficult to heal.

One cannot hear these accounts of violation, without recognizing that these experiences have lasting effects. The eight women who took part in the study all spoke of the problems that were added to their original issues due to the violation they experienced.

Mary speaks of the problems she has experienced since her therapy ended, including emotional mood swings, and feelings of anger and resentment that she has felt unsafe addressing in therapy due to her continuing mistrust of therapists. She describes her overall feelings about the problems that her therapy left her to resolve, and addresses the issue of lost time that other women also spoke of:

> I feel very devalued. When people talk about providing victims with compensation, I feel like no therapy or money can ever compensate for what happened to me. I feel like I've really lost those years...It happened. It will always be

there.

Madeline speaks also of the mistrust she developed in relation to men and the therapy profession due to the abuse she experienced:

> On the negative side it increased my mistrust of men. I was extremely disillusioned about social work, perhaps I was idealistic in thinking that all social workers and all psychologists and all people in therapy are, healthy people and they wouldn't cross boundaries and I forgot that they're probably extremely human.

Gail too, expresses the mistrust of men that resulted for many of the women in long periods of isolation following the abusive therapy:

> I realize now that he really abused me. I think that he's affected my life as far as men are concerned. I am afraid of getting close.

Although Alex's specific problems were unique to her situation, she speaks for all of the other women when she describes not having resolved the presenting problems that were brought to therapy:

> I saw him for three and a half years. All the problems that I started out with got much worse after awhile. Much worse, much more drug use, more promiscuity, there were moments I got very low. I reached very very low points.

Brandy describes the extreme lasting effects of the abuse she experienced. She speaks about accessing dissociative states when life becomes overwhelming:

> So that is how I am able to do everything without getting involved really. Like with the courtcase

> and that. It is like, it is not really me, it is like when I used to, when I think about me and (the therapist) being in the office naked on top of each other, it's not me it is (an alter), so it is almost like a person standing outside watching what is going on.

Continuing self blame. Another aspect of the women's lives that impeded recovery from the sexual violation in therapy was continuing feelings of self blame.

Madeline has struggled, as have the other women with intense mixed feelings following her experience:

> It makes me angry and it makes me feel helpless. I equate it with a lot of the abused women that I have worked with in groups in that they feel totally helpless because no one's going to believe them. I feel ashamed. Extremely ashamed. Like I committed an unpardonable sin and ashamed of the fact that this had happened and somehow I let it happen. Then you rationalize, "yeah, I had a certain amount of responsibility" but that person was, in a sense, someone who had, I perceive, the power.

Brandy's intense feelings of self-blame at times overwhelm her life:

> It suddenly hits me and I'll think just take the car and gas yourself and get it over with but, yeah, when I'm like that I just kind of in the back of my head say, give me time cause that's really what I need, you know, is to get a job and to get working and stuff and to get my thinking back on a rational pattern.

Lynn also speaks of the pervasive effects that the abusive therapy experience has had on her self-perception:

> Sometimes I feel like I'm being punished for being involved with this other person and for leaving my husband. Like, it's like I'm having bad luck for the last three or four years and it's almost like I'm being punished.

Donna also expresses the ambivalence that continued for many years following her experience:

> I really blamed myself for what happened because I was attracted to him. I didn't tell anyone, absolutely no one for, I don't know how many years. It happened 17 years ago and I would say it's only within probably the last 3 to 5 years that I have named it in any way that I wasn't blaming myself. For a long time, as I said, probably 10 or 12 years anyways it never occurred to me that he had done anything wrong. It was my fault. I felt very guilty. I felt really ashamed.

Being re-victimized. The women also spoke of unhelpful responses from others, including subsequent therapists, people in the legal system, and significant others, that intensified their victimization and further impeded recovery.

Diane speaks of her first attempt at subsequent therapy after the abusive therapy experience. She describes the interpretations of the subsequent therapist that placed further responsibility on her for the first therapist's issues:

> (The subsequent therapist) felt that I wanted to be around powerful men because I thought that some of their power would rub off on me and that that would make me somebody...(The abusive therapy) got addressed from what my part in it was. That it was my pathology and my neediness. He never addressed that the therapist shouldn't have done what he

> did. I believed it was my fault I really did. That it would never have happened if it hadn't been me, that I must have done something to bring all this sexual stuff on.

Diane also describes the disempowerment she experienced as she later proceeded with criminal charges against her therapist:

> The prosecutor made an appointment with me to come to his office. I went there and I was really intimidated. I walked into his office and the questions that he asked me made me feel like about an inch and a half tall. He kept saying to me, "Well didn't he do anything kinky? Did he tie you up? Did he hit you? And I would say "no." And he said, "why did you keep going back?" He didn't seem to think that there was anything too unusual about what had happened, or anything too wrong.

Mary also describes the intensified self-blame that resulted from her subsequent therapist's interpretation:

> I went to (the subsequent therapist), I made an appointment one day and I said "I have to get out of this," and I told her what was going on. I was really upset, and said "Why did I get involved in this in the first place?" She figured it was because I needed to control the therapist. I left there thinking that I was to blame for our involvement. Looking back on this I feel that this really is blaming the victim and does not address that the power that lies with the therapist.

Alex's experience with her friends also illustrates the difficulty she had in moving out of the role of victim as interpretations were made by others about the motivation behind her behavior:

> It actually brings to mind something else which happened with people that I met through support groups or you know people who were even close to me personally who knew about it(the abusive therapy). While we would talk about things that were happening in my life and responsibilities that I had or concerns that I had...they would too frequently bring up my relationship with (the therapist). Well it makes sense because of the....or Well you did go through....so that is why...And I know that their intentions were good and they were trying to help me, but it was almost like they wouldn't let me be something other than his victim.

This concludes the presentation of the themes that made up the process of disconnection from self. From the themes presented, it is evident that disconnection from self occurred through a complex interplay of events, including: family of origin issues, cultural beliefs and learnings about women, power issues on the part of the abusive therapist, and feelings of powerlessness on the part of the women to bring about effective change in their lives. It was from these unique places in their lives that the women each began to move towards their recovery. Movement towards recovery seemed to be triggered for the women as they came in touch with an inner spirit part of self that continued to remain alive despite any disempowering experiences. The comments made by the women about how they came to embrace this spirit part of self will be presented in the next section followed by the common

themes that arose as the women moved towards claiming their core sense of self.

Embracing Spirit

In studying the themes that formed the larger process of disconnection from self, the reader may wonder about the strengths of these women who managed to recover despite a multitude of disempowering experiences in their lives. Although the women related life events that clearly point to a disconnection from their core sense of self, the themes that make up the larger process of claiming self provide evidence that despite the abuse they experienced, these women managed to preserve their inner spirits, or the essential parts of self necessary for recovery.

What was it about these women or their lives that resulted in their eventual embracing of spirit, or claiming of the inner strengths and resources that were crucial to their recovery? Why did these particular women continue to persevere in their recovery, despite setbacks, while other women who have had similar experiences surrender their hope for the future and in some cases lose their spirit or even their will to live?

All of the eight women spoke about an inner part

of themselves that appeared to have been preserved despite their life experiences. The women described this part of self in varied ways, which will be presented under the theme of embracing spirit. I believe that Diane speaks for the others when she describes an important part of her that was preserved and protected from within:

> I had built a shell around the little bit of self I had left. Most of the events in my life were self-destructive, but doing this was self-protective. This part of my self could come out only once the environment was safe.

Diane reported feeling very stuck in her life, during and after the abusive therapy experience. It was not until she found a therapist whom she could trust that she was able to embrace her spirit:

> I was stuck on a treadmill, continuously going round and round but never getting anywhere...For me there had to be more to living than what I was doing, this emptiness just couldn't continue...I had some dreams and met a therapist who helped me to understand my dreams which were of a very spiritual nature, they were about dying and being dead. They symbolized that past part of my life dying...I really believe that getting in touch with that spiritual energy gave me the strength to recover and the opportunity to find the people who were healing factors in my life...It is an opportunity that is there, that you have to be open to.

Donna also speaks of feeling very hopeless about her life prior to having what she referred to as a spiritual awakening:

> For me, coming very close to dying was very significant. I was so totally bereft of any hope and resources. My depression was a turning point gift. Had I not become spiritually connected I would have successfully suicided. I heard a voice, I don't believe it was my own voice that said "Are you going to live before you die?" The way it happened...it was grace. Before that I had been an observer of my own life, not a participant. Right after that I initiated contact with AA.

Lynn describes having lost all hope of building a future relationship with her therapist. This event triggered Lynn to embrace her inner strengths:

> I never felt so totally alone. I never felt so lonely in my life...That heartache...Either I had to find the strength to go on and survive on my own or go back to old relationship patterns which eventually would have led to suicide or a complete breakdown of any feelings of self worth. The strength came from my inner values to go on and deal with this...

Gail described how an attempted suicide helped her to recognize the value of her life. She also speaks of the meaning of spirituality in her life and in her recovery:

> It's a religious spirituality. It's being close to God, walking hand in hand with your heavenly father. I felt like I was never alone, like I was being carried...I think that when I attempted suicide God was looking out for me. I believe I wasn't meant to die. I've been given a life and it's not mine to take. The time we spend can never be given back to us.

Brandy states that her belief in God sustained her as a child during the abuse she experienced, and that

her faith continues to be a crucial factor in her life:

> Believing in God actually has been really important. God is about the only one that I will be honest with. To me, He sees me all the time. Basically I find talking to God and asking Him to keep giving me hope and faith, that as long as I hang in there things will eventually get better. I struggled with Him for awhile, I couldn't believe that He could help me either because of the things I had done...especially since (the therapist) was married, that is adultery. So I started believing that OK God could forgive me for that too. Just being able to be totally honest with Him, like being able to tell Him how I am really feeling and stuff, makes a big difference...

For Alex embracing spirit was very much connected with consciously owning a self-protective part that she describes as having remained very much alive throughout her life:

> There was a deep seated belief that I didn't deserve to be unhappy. It's the part of me that's self-protective. It was always there. I was always aware of it. In some part of me I knew that I didn't deserve to be abused. I knew that part was there when my father abused me. It allowed me to not blame myself, at least not completely even though I allowed the abuse. This part was very alive in that it kept me from coming completely under the power of the therapist. For me, there was a constant process of self-protection even while I was in the abusive therapy. When I got out of the abusive therapy, that part of me started to work on healing me.

Mary refers to an inner strength that eventually led her to attend to her own values:

> I think growing up in a dysfunctional family I developed skills to read people. I think when I was in the abusive therapy a part of me was always

> aware that what he was doing was wrong and I was evaluating that. I remember having feelings of impending doom even before the therapy became sexualized. I think I was just born with that inner strength that never left me, that helped me to listen to my inner voice and leave the abusive relationship.

Madeline speaks of a sequence of events that led to embracing her spirit. For Madeline, owning her inner values was very much connected with also owning her resources:

> Having integrity is really important to me. When I speak of integrity I mean living my values, not behaving in ways that are opposite to what my values dictate...Because of what I had chosen to do, work with clients (in a helping profession) it was important that I get (the effects of the abusive therapy) straightened out. Going into (my profession) forced me to acknowledge what had happened...Coming from my religious beliefs, that you did not engage in sexual intercourse without being married, for me it was a sin. I wasn't only hurting myself, I was hurting the other person and his family...

Thus for these women, embracing spirit was the prelude that ushered in the process of claiming self that would form the next theme in these women's lives. The process of claiming self will be presented in the next section.

Claiming Self

Her center, her substance finally acknowledged,
Woman can keep alight in the candle of her being,
her deep and quiet wisdom of life,
now reflecting outward in ever-widening
circles of serenity and stillness
her microcosmic inner mystery
mirrored and
mirrored again
in the macrocosm surrounding her.

(Duerk, 1989, p 53)

What were the triggers that motivated these women to enter the process towards recovery and claiming self? Although the women who took part in the study have confronted similar issues and experienced commonalities in their process, their paths towards claiming their individuality have in many respects been unique to their own histories and personalities. The common themes will again be presented along with the individual voices of each woman.

Choosing to Recover

At some point during their process, each woman made a decision to discontinue her denial and move towards recovery. This decision most often occurred

when the pain and ambivalence experienced due to the abusive relationship became too difficult to cope with.

Acknowledging reality. Recovery was often triggered by an acknowledgement on the part of the woman of her own internal struggle that was brought about by the dysfunctional dynamics of the abusive therapy relationship. The acknowledgement of reality often occurred over time, and was reinforced by several incidents for each woman. All of the women, however, related events that resulted in their disillusionment with the therapist and an acknowledgement of the abusive nature of the relationship.

Diane had been sexually involved with her therapist for several years and was prescribed numerous medications that should not have been taken together. She describes the change in her physical and emotional health that occurred when she decided to stop taking her medication. This is when she began to see the abusive relationship more clearly:

> I started thinking, this isn't me, this isn't my fault. That guy is really not what he has presented himself as or that I have believed he is. It was just like someone had whipped off the glasses that I was looking through and had put on another pair that I could see through and it was shocking to me. I was seeing him for exactly what he was, how he used and abused people for his own pleasure. It was like I didn't know that person. I had built up such an idealized version of what I

> thought he was that the reality of what he was, was shocking to me. I couldn't bring the two together, this arrogant, awful, nasty, manipulative man with this GOD.

For Brandy, the acknowledgement of reality began to occur after her relationship with her therapist had ended. She speaks of her feelings of betrayal when she realized that her relationship with her therapist was not as she had perceived it to be:

> I started seeing things for how it really was, how I was used in a sense. But that kind of made me mad and bitter. I have a feeling that there is actually a few more people other than me really. I wasn't special, I wasn't that important person so to speak. So that made me quite angry that he would do that.

Alex too, describes a significant event that led to her acknowledgement of reality:

> What the real last straw for me was finding out about the fact that he had tried something with my mother. That really was what pushed me to see that I had not been special at all. There had not been nothing special about what he did with me, about who he was. And that really changed everything for me, it really did...I slowly somehow I started to actually consider the possibility that what he had done was wrong. And that I didn't have to go through it. And that I didn't do anything to deserve it. And that was a hard one for me to accept actually.

For Gail, the acknowledgement of the reality of the abuse occurred gradually over a period of time. She speaks of the importance of her subsequent therapist's reinforcement of the reality of her experience:

> Just by talking to (the subsequent therapist) and facing the fact that it DID happen and that I am able to talk to someone....He also encouraged me to tell as many people as possible about the therapist's abuse of me. By telling it so many times I was forced to admit it did happen.

For Madeline, the recognition of how others were being affected by the relationship also came into play. Madeline describes her path towards acknowledging reality after a lengthy period of denial:

> The last time I went in to see him, it just dawned on me that this was not right, so I phoned him and said "I have to come in and see you" and I went in to see him and I told him, I said "I'm not an adulteress" and "I feel really bad about it. This whole thing can't do anything but bring harm to me and eventually to your family."...What really, really bothered me was that I suspected he may have been doing some of this sort of thing with other clients.

Lynn's changed perception about the dynamics of the relationship were also instrumental in bringing about a decision to no longer continue as her therapist's victim:

> I've been trying to think of the time when I started to realize that this wasn't the glorious romantic situation, this thing I'd built up to being such a special love. When his wife went back to him I almost .. expected it all the way along. I think that was when it really hit me.

Ending the relationship. The ending of the relationship between the client and the abusing therapist was significant for all the women with regards to enabling them to progress in their recovery.

The women spoke of different meanings that this event had for them; on one hand there were feelings of relief about no longer being under the control of the therapist, while on the other hand the dependence that had been created resulted in tremendous fear. The ending of the relationship triggered mixed feelings that required long periods of working through in their subsequent therapy.

Lynn describes the internal struggle that finally led to a decision to end the relationship with her therapist:

> I had dropped so low in self esteem and dating this man that wasn't free to date me and sneaking around and worrying about whether or not my children would find out, his children would find out, my ex husband would find out, his wife might find out, old friends might find out, and finally I broke it off. I think it was the breaking it off and saying, "That's it." you know "I'm just not putting up, I feel I deserve better than this."

The following quote from Brandy's transcript illustrates the ambivalent feelings she had when her relationship with her therapist ended. Brandy described feeling relieved when her therapist moved, since this provided her with a reason to discontinue the relationship with her therapist. Brandy, however, was left with many unresolved feelings:

I felt really lost, in one sense abandoned and on

> the total other end of the spectrum, was THANK GOD, he's gone. I felt out of sorts for awhile. I got kind of depressed, because something that I had in my life was gone. I never had anybody that I had been that way with before. I felt used. I didn't have to do that anymore, I never really liked sexual intercourse in that sense.

Mary's relationship with her therapist ended after a confrontation by a friend that triggered her guilt over her therapist being a married man. Although Mary's guilt led her to finally end the relationship with her therapist, she also experienced difficulty adjusting:

> I had no idea how dependent I had become on him. Not only because of drugs, he was supplying me with adavan and sinequan but I was also dependent on him for the companionship I guess. I went through a time where I was thinking of suicide for quite awhile after it ended, for about four or five months.

In Donna's case, the sexual experience with her therapist occurred on one occasion. She describes the desperation she felt after her therapist promised to contact her and did not follow through:

> I think what devastated me more than the actual sexual contact was that total abandonment afterwards. It was just, it was devastating. Absolutely devastating and I can remember feeling frantic at what I had done and how this may play out to damage my chances of custody of my children after, in the months to come.

Because Donna blamed herself for the sexual experience with her therapist, she did not put closure

to it until many years later:

> For me because it was a one time event there was not an ongoing relationship. What was important to me was that I brought closure to that event. As my sense of self-worth improved, the way I characterized that event was no longer congruent with who I saw myself as being. The focus shifted from my role in it to how he abdicated his responsibility.

Gail, who was sexually violated for several years by her therapist, described attending her therapist's funeral after he committed suicide. The severe trauma that Gail experienced during her therapy caused her to block out any memories of the abuse she experienced at the hands of her therapist. Gail did not experience her feelings about the ending of the relationship until several years later. She describes her experience when a funeral for another therapist triggered flashbacks of her abuse:

> There were flashbacks. A former minister who had sent me to (the subsequent therapist) and some other people were in church. They were there for (the funeral of a therapist) who had died. When I saw all these people together, it all came back, and I came home in tears. I had the (subsequent therapist's) number at home and I phoned him crying. He said, "What is wrong"? I told him that I had been abused by my therapist and you could tell that he was absolutely struck. I went into the office for my session with him and he got me to start opening up and talking about it. At first it was very, very difficult.

Turning points. Regardless of the length of the abusive therapy, or the unique dynamics that each woman

experienced during the time that she was involved with her therapist, all of the women spoke of turning points that were significant in their decisions to enter their journeys of recovery.

Most of the women identified turning points as having occurred after they stopped seeing the therapist; when they integrated the belief that they were not to blame for the sexual involvement with the therapist, or when they made decisions to no longer define themselves as victims. Some women spoke of having several turning points during their process of recovery. A common theme that occurred as the women spoke of turning points was that of assuming responsibility for handling their own lives.

For Madeline, a turning point occurred after her relationship with the therapist had ended when her subsequent therapist suggested a helpful tape about therapist-client sexual violation:

> One of the things that was extremely helpful for me in my case was, ah, (the subsequent therapist) gave me a tape about a psychiatrist who gave a talk on the areas of therapists and patients/clients that it was wrong to have any kind of involvement and that really hit home for me. Like it really, you know we had talked about it before but he said, "Listen to this tape" because I kept thinking "it's my fault."

Mary describes her turning point towards recovery

as having occurred when she recognized that others, too had experienced similar abuse. Mary's realization resulted in her seeking help and support from others:

> This was the turning point for me. One Sunday morning the paper came, and there was a whole article on the therapist abuse. Well I was really upset! When I saw this article I realized I wasn't the only one. It triggered all the feelings about my own situation. It was like reliving it again.

Brandy identified her decision not to continue as a victim as an important turning point that led her to begin to take responsibility for her own feelings:

> You don't get out of it and no matter what other people tell you, you can't really get out of it until you want to get out of it. You've got to quit being the victim...Not to be a victim is a hard thing for someone to do. For a long time you don't want to change places, not because you like it. Because it is what you're accustomed to and it's comfortable for you even though it's terrible at the same time and to change it is very, very, very scary.

For Donna and Lynn, both of whom had experienced problems with alcohol addiction, the turning points in their recovery were very much linked with decisions to seek help to deal with their addictions and their accumulated pain. Donna's problematic drinking began several years after her sexual violation by her therapist. She speaks of her involvement with AA as her turning point:

> I really can pick a time when my recovery began.

> I made a decision to go to AA and it was very clear to me I was highly suicidal. I had a plan, I had all the instruments I needed to carry out the plan. I knew that one day very soon I would just not be able to carry on any longer...It's just in the last 5 years since I have been in AA but more importantly than my affiliation with AA, I have been in a women's group. And that's what I call my real period of sobriety and my real period of recovery.

Lynn too speaks of the recovery from her drinking as being intertwined with her recognition that she was not responsible for her therapist's actions:

> That was the first real recovery, was the recovery from drinking but also the recovery from some of these guilt feelings. I had felt like I had dragged myself down because (the therapist) had this halo on, as did the doctors I worked with, as did the policemen, anybody my mother taught to have respect for. It seemed to be the kind of person I was involved with. Therefore they were the big guys and I had to the bad girl.

Alex identifies a turning point that occurred after her therapy ended, and she began to feel the impact of the abuse she had experienced:

> I think that my recovery began in a crisis in a way, sometime after I stopped seeing him. I started to feel unhappy, very unhappy in a different way from how I felt during the therapy itself. I would say that during the therapy I felt like sort of like it was a separate world. It was so, everything that was going on was so intense and so extreme that it didn't give me a chance to experience what I was going through. Then after I stopped seeing him, I started to feel my unhappiness more. I felt really bad about myself.

Taking Action

The theme of taking action was very intertwined with making a choice to recover. The turning points seemed to initiate a more reflective process, when the women began to look inwards and acknowledge their own needs. This reflection further initiated a process whereby the women began to take action on behalf of themselves, often for the first time in their lives.

Disclosing and being validated. An important theme that contributed to the recovery of the women from their abuse was coming to the point of being able to disclose their experience to others. Some of the women did not speak of their experience to others for years due to fears of being blamed. All of the women spoke of becoming more strengthened as they disclosed their abuse to more people, due to the validation that was received.

For Alex, disclosing the abuse to her subsequent therapist remains a significant memory. She speaks of her fear of being held responsible for the sexual involvement by her subsequent therapist:

> I expected (the subsequent therapist) to blame me somehow. I expected her to, maybe not directly but to ask the kind of questions that would make me feel like deep inside she was really thinking that I shouldn't have gotten myself into that. I remember that I waited for that for a long time.

> I was waiting for that, for the moment when that would come out, when that would show itself somehow.

Alex also addresses the validation she felt when she finally felt free to speak to others about her experience:

> The support that I got, the validation that I got, that was really good. Just to be able to be public about it, to be... Ya, I am not wrong, I am not guilty. I went through this, and I shouldn't have gone through it and to feel strong in that. And I felt courageous, in a way. Other people kept telling me that I was courageous and that is what sort of helped me feel that way. But I really wanted to feel that way, like ya, I am doing something. I am standing up for myself. I am showing him and the world and myself that he couldn't do that and get away with it.

Diane spoke of first disclosing her experience to a close friend who responded in a validating way. She further describes her inner experience when she attended the group therapy where she disclosed the secret she had been keeping about her involvement with her therapist:

> I thought they were going to blame me and look at me as if I was some kind of evil dirty person and all I got was a lot of support and a lot of caring, from the women in the group, but particularly remarkably from the men in the group. I had never even looked at it that way. One in particular, he was a minister, he just thought it was outrageous. I was really taken aback by that.

Diane also refers to the importance of the validation she received from others as she pursued

reporting her therapist to the College of Physicians and Surgeons:

> That began a real, whole new process for me. The whole idea that...no one ever even questioned my honesty. They believed me. That was very validating, because I had really been frightened for a long, long time to do this. I think that the basic belief was that he was much more valuable to the world than I was, and I was very expendable. To have this unquestioning belief was really something new for me. I think that was the beginning for me of a real change.

Donna stated that she had kept the secret of the sexual violation by her therapist for many years as she continued to carry the blame. Years later when Donna began to address repetitive experiences of abuse that had occurred throughout her life, the validation she received helped her to recognize her vulnerability, and the power differential that existed in the therapeutic relationship:

> When it started to come very clear to me that I had been wronged, I had not been the wrong doer, and yes I was an aware participant but certainly I, I will not discount my own vulnerability. I was enormously vulnerable at the time and he knew it and he took advantage of that. Absolutely. It was so liberating to, to gain that insight that it wasn't my fault.

Expressing anger. As the women came to recognize and acknowledge that they had been violated by their therapists, and as this reality was validated by others, they began to get in touch with their feelings

of anger. As the women described their anger, some differentiated between unhelpful anger that maintained victimization, and constructive anger that motivated them to further validate their experience and eventually to take constructive action on their own behalf.

Alex describes how her anger overwhelmed her:

> I was very tied up with anger. Anger really characterized a lot of what I felt. Anger seems too mild, I mean it was disgust, and just rage, rage it was a rage that didn't allow me to see him as a person. For a long time I felt that. It was helpful definitely because it was what allowed me to feel like I was wronged. It wasn't my fault, I was wronged. And every time I felt my anger, I felt that. I felt that I was not to blame for what happened. And ya, my anger was... like it gave a voice to the part of me that had been so silent throughout the whole thing you know. That part was able to come out...All of a sudden I was standing up for myself in a way that I had never done before. I felt that I could protect myself, like so much more definitively. I was just so much less afraid generally where I felt if somebody did me wrong I could handle it. I could deal with it. There are all sorts of things that didn't scare me as much anymore. I felt that I could make people accountable. Just that feeling that if you do something to me, I am going to do something about that.

Brandy also speaks of how her anger helped her to take actions that were helpful for her:

> Anger works really good for you when it comes to recovering. It gives you a lot of strength in getting through things and getting things done. Being angry is really really healthy. Being depressed is really unhealthy...I used my anger to build strength in myself and courage in myself and

> to take a good hard look at what the therapist had done and what I had done and how I, I could kind of see how I was manipulated and how vulnerable I was at that time and how things kind of caved in that way even though I didn't want them to.

For Madeline, feeling her anger was the beginning of setting clear boundaries in her relationships with men:

> I've come to a healthier plateau now where I can be angry about it, where I was wounded before, now I'm more angry. And I've found I've had a couple of other incidents that have happened to me with other men and I was able to stand my ground and be clear and be angry about it rather than hurt.

Confronting the therapist. In telling the stories about their recovery, several of the women spoke of the owning of their anger as being a motivational force that spurred further action on their own behalf.

Confronting the therapist was a crucial step in recovery for several of the women. Confronting led to the further relinquishing of guilt and to placing responsibility on the therapist for his actions. This new understanding of the boundaries of responsibility seemed to be crucial in the development of a more positive and constructive sense of self. Those women who did not confront their therapists, spoke of this as an unresolved issue in their lives with which they continued to struggle.

Three of the women who took part in the study

pressed legal charges against their therapists, and two of these women had also gone through the hearing process initiated by the College of Physicians and Surgeons. Confronting the therapist was a difficult process which required a readiness on the part of the survivor.

Diane describes the feeling of satisfaction she received when she confronted her therapist:

> The one real great thing was when we were in court going into the room with him and being able to confront him and tell him all the things that I had wanted to tell him all those years. When I walked into the room and he was in there I can remember I almost stopped because he seemed so big and I had all that feeling of being this broken up little person again. The Crown Prosecutor came out and said "He would like to see you to apologize." Well, I wanted to go in, that was really important to me, because I had always wanted to confront him with what he had done. So I walked in and he was standing there and just for a very brief moment he again had all the power and he just seemed so big...And I felt really small and fragile...like a little child again...and I kind of stopped, almost like I hit a wall, and then suddenly the whole thing reversed and I felt like I grew to be about ten feet tall and that he diminished in size. I walked over to him and I just began to talk. He validated all of my suspicions about why he had done what he had done.

Brandy confronted her therapist in a letter. She describes the anger that his response provoked:

> I wrote him a letter telling him he was wrong and everything he did was wrong. He sent me back a letter that was really weird, because I told him that I was going to report him to the College of Physicians and Surgeons. I guess he was a little

> upset about that. He said, "You shouldn't believe what people are telling you, they are wrong, we had something great and special." That he was going to pay me a thousand dollars a month for two years, like twenty thousand dollars if I didn't say anything. It made me really angry that he did this.

Brandy further speaks about the positive results of affirming her experience through proceeding with a personal lawsuit against her therapist:

> It's a constructive way of acting on my anger. At first it was such a big secret. I found by going to court with it, talking to my lawyer and saying this has been done to me and it's wrong. By saying it more often and by saying it to a lawyer in that respect that they've filed a suit against him, you're rebuilding and reaffirming to yourself that maybe you're not necessarily the bad person here, that somebody has done you wrong and you have the right to act on it.

Alex also speaks about the results of confronting her therapist in court during his trial:

> Confronting him was essential. Forcing him to see that he no longer had power over me. Having him see my strengths, forcing him to confront my strengths was very empowering for me. For me to be able to own what happened for the first time where he couldn't just determine my reality for me anymore. To know that that reality was mine now and that I understood it quite well and that it was very different from what he had wanted me to believe. To be able to do that in front of him, was really essential. For me to show him that he hadn't won. That he hadn't managed to break me.

Those women who had not confronted their therapists expressed a lack of completion with regards to this issue.

Lynn expressed the unfinished feeling she has around not confronting her therapist:

> I wish there was some way I could confront him. I still wish I could confront him. I feel like he's had the easy side all the way along. That I was careful not to get angry at him because I knew how scared he was of anger, that, somehow I just feel he had just gotten away with a lot and I don't know if he's gotten away with it with other people. Just that there's still an anger there that just wants to say to him, "You really screwed me up! I trusted you. I believed what you said."

Mary speaks about her desire for an acknowledgement of responsibility from her therapist:

> I tried to get (the subsequent therapist) to arrange for an informal session. (The therapist) could have had his own representative and met with her and I. I wanted an apology...I wanted an acknowledgement of responsibility from him. Not only for the fact that he got sexually involved with me but also because he had mismanaged me when I was his patient.

Madeline still contemplates confronting her therapist:

> My thoughts were to approach him, meet him on mutual ground and have a talk with him but I sense that I may just make myself feel worse and that he will deny all kinds of things and then I thought I have to be clear about what it is I hope to achieve by doing that.

Other constructive action. Gail speaks about her inability to directly confront her therapist who is no longer alive. She describes a ritual that was helpful to her in her recovery:

> (The subsequent therapist) got me to take down all

> the pictures and letters that I had and burn the memories of (the therapist). My dog and I took the left over memories of him and had a wiener roast...we had a "get rid of (him)" service. I played a lot of religious tapes to make it ceremonial, especially Amazing Grace which was played at his funeral. While the memories burned, I wrote down my feelings.

The women spoke of other actions that also helped to alleviate their feelings of self-blame, including: speaking to reporters, appearing on television programs on therapist-client sexual relationships, writing letters to the professional regulating bodies of the therapists, writing letters to the newspaper to address this issue, and advocating for other women who have been abused by their therapists and required assistance.

Reorganizing Life

As the women took constructive action and had their experience further validated by others, there also began a process of empowerment and self-validation. For all of the women this took the form of building a supportive network and reorganizing numerous aspects of their lives. As the women proceeded in their recovery they began to embrace their personal values as well as form new attitudes and behaviors that were validated through supportive relationships. The subsequent therapy played an important role in their

self-valuing process.

Subsequent therapy experiences. All of the women who participated in the study sought subsequent therapy following the therapy experience in which they were sexually violated. Several of the women spoke about requiring subsequent therapy in order to resolve the issues that they had originally brought to the abusing therapist, since these problems had never been addressed during their therapy. Most often, the subsequent therapy was sought when the women felt overwhelmed by life, and when feelings about the abusive therapy interfered with their ability to function in everyday life. Three of the women saw male therapists following their experience, three of the women received subsequent therapy from male and female therapists, and two of the women saw female therapists. In addition, some of the women attended workshops. Several of the women spoke of the importance of having been involved in different therapeutic experiences over the time of their recovery.

What appeared to be important in the subsequent therapy experience was not the particular theoretical orientation of the therapist, or any techniques that were utilized. Participants referred repeatedly to the

personal qualities of the therapist, and to the qualities of the therapeutic relationship. They spoke about the manner in which they were responded to, respected, and empowered by the therapist. The therapeutic relationship provided the lens through which these women began to know and value themselves.

As participants described their subsequent therapy experiences, some spoke of difficulties with trust, while for others the transition to their subsequent therapy was not as difficult.

Mary describes having difficulty focusing on her abusive therapy experience in her subsequent therapy due to marital issues that continued to arise. Mary speaks about trust as being a major issue with which she has struggled since her abusive therapy experience. She states that she would have been unlikely to go to therapy again if she had not required help to deal with marital and parenting issues. Mary illustrates the importance of pacing by her therapist:

> I didn't tell (the subsequent therapist) right away about (the abusive therapist). She knew something was going on, but she didn't know what. She never probed. She basically went along with my paranoia about not writing anything down etc. Then when I was ready on my own, after I had connected with some other women and was thinking of pursuing this, then at that point she was supportive.

Alex also describes the difficulty she had in making the transition to her subsequent therapy:

> It was very hard for me to admit that it was possible that somebody else could help me. It almost felt like a betrayal. At that time I still believed that he had helped me and that he had given me something that nobody else had ever given me. Even then I felt that I could if I wanted to one day pick up the phone and call him and he would see me. I felt that that would happen. So it was a strange kind of security I guess. That he would always be there.

The women who saw male therapists subsequent to their abusive therapy shared their thoughts about the ways in which their therapy has been helpful. For these women, it was helpful to have a male validate the unethical nature of the behavior of the abusive therapist.

Madeline describes purposefully seeking a male therapist in order to deal with her fear of men, and illustrates how this was helpful in resolving part of the previous therapy experience:

> I was always a fearful person but I've learned not to be as frightened as I was. The thing is to work with that fear. For instance I was afraid of men and I decided that I needed counselling and therefore I would seek a male counsellor. I thought it could have been disastrous again but it's like, "I did it and it worked out okay." I was cautious that I chose someone who was older and I felt more comfortable with and I was clear about what I wanted when I went into the session. I learned not to be so afraid.

Brandy points out how the support of her male

therapist and his role modelling of appropriate behavior have impacted her. The support that her therapist provided was a motivational factor in the reporting of her therapist:

> In many ways it is not what he has done, it is what he hasn't done that is important. I guess what he has done is just his general attitude. He's been very supportive in the sense that, he was all wholehearted to go to the College of Physicians and Surgeons and report (the abusive therapist). He was actually "kicking me" to go to it so to speak. He was very supportive that way...His ideas on the things that went on between me and the therapist, was totally opposite of what I thought they'd be. Hearing him saying the therapist was in the wrong and that he was responsible for what had gone on. Hearing another man say that, hearing another man who is actually a (therapist) saying that kind of makes it, you know, that it was wrong. Oh, O.K., maybe (the therapist) was wrong.

Gail also refers to the support she received from her subsequent therapist and his reaction to her disclosure as having been important factors for her in her subsequent therapy:

> (The subsequent therapist) is extremely understanding. We are not that far apart in age and it's like talking to a big brother or a big sister or somebody who you really love and feel something for. I feel comfortable with him. I don't think that when I first came out and told him about (the therapist) that he was terribly shocked. I think that he sort of thought that maybe something like this had happened.

Those women who saw female therapists subsequent to their violating therapy experience spoke about the

validation and respect received in therapy that further contributed to the self-valuing process that had already begun. These women pointed out the importance of therapy experiences that initiated a process of becoming experts about their own lives.

Diane speaks very highly of the positive experiences that she has had with female therapists, both at workshops she has attended and with her individual therapist. For Diane, feeling validated and respected has been a major issue:

> I didn't ever feel with (the group therapist) or with (the subsequent therapist) that I was a lesser person. I felt more like I was a person who needed to find myself, but there was something there to find. They never, ever made me feel like I was hopeless or helpless, or powerless. They always made me feel like I had some worth, they were there just to be with me and to guide me, but not make me better. I think it was really important that they weren't going to take it upon themselves to make me into something. They were just going to help me be myself. That was the most endearing thing that they could have ever done was to give me that privilege of helping myself with their company and their expertise and caring. The caring meant so much. They weren't going to walk away if I said something wrong, or if I didn't do something the way they thought I should do it.

Diane also speaks about her ability to access her feelings in the atmosphere of her subsequent therapy:

> I had told (the subsequent therapist) that I had brought charges against the therapist. She praised me in an affirming way. It was quite different than the way anyone else had approached it. It was so much more personal. She seemed to

> understand how I really felt inside, not what was being shown on the outside but how it really must have felt inside. She acknowledged that it had really happened and she really got at the feelings. I was going to stop him so that he couldn't do this any more to anybody but she was dealing with the little kid that was losing another daddy. She would just let me cry. She would say "You must have an awful lot of tears in there that have to come out" and say, "well let them" and pass me the kleenex. I would cry, cry and cry buckets but they were really different tears.

Donna speaks of the help she has received from her female therapist in accurately naming her experience:

> I have a wonderful therapist now that, um, I just, I rely on and respect so highly and, um, I know that she will say those words that maybe sometimes are still difficult for me to say. She will name things that I maybe yet am still struggling to put a label on and I really rely on her, but I'm struggling...That without a doubt is the most, the most important part of my healing process.

Lynn describes her therapy as having helped her to come to value herself:

> I had some good counselling from women and I think somewhere along the line it was just, "You don't deserve this. You don't deserve to constantly be putting yourself lower than the men in your life. You don't deserve to be the other woman, you don't deserve, you're better than that. You've got more to offer."

For Alex, a major issue in her subsequent therapy was being empowered to have choices. She describes the importance of realizing that therapy was for her benefit rather than to meet the needs of her therapist:

> I guess what's different is that more and more I

> felt that therapy is for me and for what I need and the way that it happens is entirely based on what I need and not any other consideration. I guess that was the big change. And feeling like I don't need to report on my life to anybody you know.

She speaks of the subsequent therapist's facilitation of her own process as being crucial to her:

> It was giving me choices, encouraging me to find my own answers. The fact that she didn't give me answers, which was very hard for me at first, but it was important, really important. Because at some point, I don't know when it happened but at some point I started seeing her as somebody who helped me to understand myself and to get a better sense of what I wanted. You know like somebody who facilitated things, facilitated my own process, my own personal process instead of somebody who was going to give me answers. That was really essential...she never acted like she knew me better than I knew myself. Or that she knew any more about me than I knew or than I showed her. That was very essential. Because that was sort of the basis of the therapist's power over me. And that helped me to believe that I could know myself. That was really important. To get that feeling, to have that belief. That I could really get to know myself, that I could really know my feelings and my needs and what is best for me more than anybody else could. That was really empowering, it just changed everything.

Building a social support network. Another thread that was woven throughout the interviews was the theme of establishing new and different relationships. All of the women who took part in the study reported being quite isolated during the time that they were sexually involved with their therapists. Often this was a

combination of a continued pattern of isolation that began during childhood, and pressure from the abusing therapist to maintain secrecy around the relationship. As the women's self-esteem began to improve, they reached out to others whose supportive actions were helpful in their recovery.

Brandy describes the support network she has developed during her periods of hospitalization. She states that she maintains contact with several of the women she came to know:

> Some of the people I met who were either in groups with me or patients on the floor have become my friends and although they haven't been sexually abused by a therapist, by talking with them I see where their life is kind of similar in a way to mine and it helps to see how well and how not well they're handling things...It seems for every step you take forward, there's always still something not so pleasant connected with it, so talking to my friends that I got to know who have had similar kinds of experiences, you get the feedback and that's positive and supportive.

Mary speaks of the support she has received as she has connected with other women who have had the experience of being sexually violated by a therapist. She describes a support group she attended, and the helpfulness of maintaining contact with friends:

> It is helpful connecting with other people who have had similar experiences. We still are very good friends. We talk on the phone a lot and go back and forth to each others houses a lot. We have become really good friends. We provide one

another with mutual support.

Donna has also found acceptance and validation through a support group of women:

> A week ago yesterday I celebrated my fifth birthday in AA and that's the day I consider really made a difference...That's the day that I first went to a women's meeting. I don't want to minimize the importance of AA but I do feel that it was the connection with the women and the support there. I had never had those friendships with women before. I have a support system that I never had before, that I never even dreamed was possible. I just, I can't begin to describe the power and the strength and the connection with that group of women...It's as if this close group of women has evolved a different language or a verbal shorthand that we communicate in ways that are, it's difficult to describe, but it is very very intimate and an enormous depth.

Gail speaks of the support network that she has developed in her church. She describes a special experience that provided her with validation and acceptance:

> In the summer of this year I had a chance to go to camp as a volunteer counsellor. My whole life started to change there. I got away from the hustle and bustle of the city and got into nature. I had time to be quiet and think. We had church services where we had scripture readings and sang together. There was a good community of people at camp. I enjoyed the services at night and morning circle where we would all say good morning to one another. It felt really good to be there.

Healing relationships with women. The participants also spoke of major changes in their perceptions of women and in their ability to form

connected and intimate relationships with women. For the women who described major growth in their relationships with women, the trigger for this change often occurred following positive therapeutic experiences, group support, or intimate friendships with other women.

Diane connects her past experiences with her inability to trust women prior to her positive therapy experiences with women. She speaks of the healing that has occurred in her relationships with women:

> I had never really liked women, never really trusted them. I always thought women were competitors and that they would always do harm to you if they could. I think because my step mother had been so cruel that I didn't trust any woman. My mother had really done a number on me, my real mother. So I really didn't trust women at all. And I really never thought of women as being capable. I wouldn't have thought to go to a psychologist, least of all a female psychologist. I really didn't think that women had any value, or that they had any ability to do anything better or as well as men...The way I have been treated by the two women counsellors and in the workshops by these women, I have felt cared about, sincerely cared about without any manipulation or any covert strings attached. I have really felt respected, I have felt quite able to express myself and in turn listened to. I have never been told what to say, I have never been told what to think, and I have been allowed to pace myself. I have felt in control of it and for me control was a big thing. I had this knowledge, this inside knowledge that it really mattered to them, that just my being alive was all that mattered.

Diane's positive experiences with women have also

led to her recently working towards healing her relationship with her mother.

Lynn also describes having felt competitive towards women in the past. After attending a support group, Lynn describes a shift in her feelings towards women. As she has moved further along the continuum of recovery, she has continued to form positive relationships with women:

> The last year that I've grown to like women. To love women to enjoy, really, enjoy being with women and I guess I always used to feel like I was in competition with women and the women, like I said, the women, thank goodness, that I ran into were women who had been through a lot of things I'd been through...I've become very aware of how strong women are. I always felt that I'd really needed to depend on a man but it was only because I wasn't educated, it was only because I didn't have any experience.

Alex, too describes many changes in her relationships with women:

> I have started to feel less competitive with other women and that was hard for me. There was a time when it was very difficult for me to be comfortable with a woman who I thought was noticeably attractive. And to be able to do that and to be able to see beyond that, to be able to enjoy her anyway. That is something that I am able to do now which definitely was a struggle...Feeling connected to other women is really important...And __ who I have only been friends for a few months, like it has been a pretty remarkable friendship. It has been definitely the most intimate friendship that I have had with a woman and she has been really good for me. She really responds to me. It has really helped me to enjoy myself. To enjoy who I am,

> because I can see what she responds to in me. It is almost like she helps me see what pleases her about me.

Like Diane, Alex also spoke about the healing that has recently occurred in her relationship with her mother.

Donna speaks of the validation she has received in a close relationship she has developed with a woman who has been her sponsor in the Alcoholics Anonymous group that she attends:

> Well, she's actually the third sponsor that I've had, and, without a doubt the most, um, the most positive and empowering one for me...She has an incredible capacity for faith and optimism. She believes in me like almost no one I have ever known in my life. She lives her life in a way that I deeply respect and admire, um, she's very human with her ability to admit that she doesn't know something. Between the two of us we have a capacity to be raunchier and rowdier than almost any two people on the face of the earth. The level of intimacy in terms of the kinds of things we talk about and the kinds of experiences that we can share with one another, it's just beyond description, we're so close.

Donna further describes the changes in her process that have taken place over time, and the development of an intimate connection with a woman that has come about as a result of her recovery:

> One of the significant events that's occurred since our first interview is that I've really come to terms with my sexual orientation...I have had one lesbian relationship over the summer and I certainly am quite comfortable with the prospect that the next relationship I get into likely will

> be with a woman. My attitude towards sexual orientation is that we all fall somewhere on a spectrum...its just been a matter of claiming a place that's right for me. In terms of the satisfaction that I get in terms of feeling that there is a potential for a partnership here I have a stronger sense of that happening with a woman. For me it seems like a natural progression, not a lot of it was a conscious decision. I think a big part of what happened in this relationship is that I was attracted to the person and gender was a secondary issue.

Healing relationships with men. Healing around relationships with men occurred for several of the women when they found relationships that were validating and respectful. This initiated a process of forming new perceptions and attitudes both about men and about themselves in relationships with men.

Diane describes her feelings about attending a function with a male friend after her abusive therapy ended, and illustrates how her feelings about herself began to change in this relationship:

> I had met this other fellow. We had met at a friend's wedding, his wife had died and we were talking. He was a nice fellow. He liked to dance. He asked me out to dinner one time... So we started going out on a Saturday night in a purely fun kind of way where he needed someone to take to his country club social functions and so he would ask me and I would go on occasion and it was fun. I began to think, well maybe I am not this ugly duckling that nobody wants. He liked me and his friends liked me and it was kind of nice.

Diane further describes a relationship in which she has felt a great deal of acceptance and support:

> He (friend) really did care about me and he validated a lot of things. He let me talk about lots of things, he would never react, he wouldn't comfort me in a lot of ways he would just let me say them out loud. He never criticized what I said, he never said, I don't believe you. And I always felt that he knew that I needed time. In his own way he has always been there for me. Emotionally even now he is still there for me. He tells me to hang in there and go for it.

Lynn describes her experience with a relationship that initiated good feelings about herself:

> I met a man. We felt comfortable with each other immediately. We've been good friends, we've been very good friends and that was when I realized, "Here's a man I can go out with, I can date, I can be open with my husband and say, '18 months after we separated I am now dating, I'm free to date, I'm free to talk and I'm not hurting anybody else's family'."...I felt (he) and I were more on equal level. I wasn't putting him up on the pedestal like I had been most the men in my life up to that point.

Donna speaks about the importance for her of having a close male friendship without sexual involvement:

> One of the bright spots in my life the last couple of months is a new friend that I have. The one thing that has consistently been missing from my life is a male friend who is nothing more than a friend, there is no sexual intimacy between us. We regularly get together. He is fun and funny and intellectually challenging. Its a wonderful friendship, its added an important dimension to my life.

Alex describes a progression in her relationships with men since her abusive therapy ended. She speaks of the changes in her relationships with men that began

to occur after she established a friendship with a man whom she felt provided her with a very deep acceptance:

> But I think that big changes in that regard really started to happen when I met _, my friend _. Because he really gave me a feeling of acceptance, a very deep acceptance. With him, I felt and still feel that I can show him anything, any part of me and I am not afraid to do that, I am not afraid of his disapproval...He chose to not develop the sexual side of our relationship. But regardless the fact that he wanted to be close to me and that he wanted to spend time with me and that he wanted to be with me and he didn't want to have sex with me. That was pretty significant for me, very important actually.

Alex also describes her experience in another relationship with a male supervisor who did not allow their relationship to become sexual, thereby illustrating to her that all men would not abuse their power. Alex is now in an intimate relationship and describes mutual communication as being a major factor that has contributed to the success of the relationship:

> I really value the independence that I've gained and the empowerment that I've gained (from the relationship), but the capacity to feel intimacy, to have intimate feelings with a man is just...I couldn't have imagined it. It feels like a reward for me, that I've worked so hard to be able to open up to that kind of relationship...I've had feelings of intimacy with him that are far greater than any feelings of intimacy I've ever had with a man. It's very much because of working on communication, and trying to communicate with one another. The feelings that we've both had after we've worked through an issue are just wonderful and it feels like such a strong bond.

Owning Personal Values and Accepting Limitations

As the women came to know themselves through building friendships of their choice, and claiming new lifestyles, a process of letting go of the past seemed to begin, along with a greater acceptance and more working through of the abusive experience. Part of this process included an acceptance of their own limitations and the fact that recovery would be a continuing ongoing process. As the women made peace with unresolved issues from the past, they increasingly embraced their own values.

Finding meaning. An important theme in the process of recovery for several of the women interviewed was that of coming to terms with their experience and finding meanings that could be carried forward into the future.

Finding meaning was one way that the women were able to make peace with their experience, place it into perspective, and move on towards future goals. The meaning that the women found in their experience also extended to the larger meanings held about life and relationships.

Donna speaks of the learning she has gained from the experience of sexual violation by her therapist:

> I firmly believe that every experience presents an opportunity to learn if I'm willing to go through what can be, at times, a very painful process in order to learn what this incident has to offer. And certainly this one, I really believe helped to formulate my sense of outrage at any kind of violation of that responsibility to a client and also an enormous amount of respect for the courage that it takes someone to reach out for help.

Over the time of our interviewing process Diane arrived at a place of peace for herself with regards to her experience. She spoke of moving from a place of militancy and active involvement in advocating for survivors of therapist abuse, to a place where she now believes it is important for the survivor to have control over her own process:

> We are our life's experience. And I have to respect that in everyone. And that is the most valuable thing that I have learned in the last six to eight months is to know that each individual's experience is that person's and it's not up to me to contaminate it or think that I can give advice and that it's important to appreciate and respect someone else's journey.

The meaning that Alex has found in her experience has also influenced the way that she views life:

> And it helped me to discover strengths that I don't think I would have discovered otherwise. Strengths in so many areas. And feeling like I can protect myself. And there are a lot of things that I don't find threatening because I saw such an odd life almost, you know such an extreme experience, it has allowed me to have a really broad sense of life's possibilities. I can take that as being sort of an end of a negative continuum, but it has another extreme. Like life has so many possibilities and if I hadn't gone

> through that, I don't know that I would have such a sense of that. Because I would have a much narrower sense of what life can be. Because I have gone through that it is almost as if I am willing to consider so many more things.

Gaining new perspectives. Another important aspect of acceptance for these women was being able to see the experience in the perspective of their vulnerability at the time that the abusive relationship occurred.

As Madeline struggles with forgiving herself, she retrospectively speaks of historical experiences that made her vulnerable:

> A part of me feels like I was extremely naive, you know. And yet I think, "well, if I'm going to take into consideration where I came from my background was extremely cloistered in a sense that I grew up in a home, I never left home until I got married. I stayed married to the same person for 23 years. We lived in the suburbs. I didn't have much experience, I didn't have life experience. I didn't have relationship experience. I've only ever been with one man in my life.

Lynn also addresses her naivete with regards to relationships:

> Even though I was 38 year old, I was pretty naive about relationships. I had been in one relationship in my life, one serious relationship and that was my marriage and it had less than something to be desired in the communication and you know romantic area and I was pretty naive about it. I had married, really when I was a child. I was 20 and I hadn't had those, some of those emotional feelings that I started to have about the communication and the connections you get through communication.

Brandy also recognizes places her experience into the perspective of her background:

> Had it stayed actually totally out of the sexual closeness, it probably would have been good. Then it got screwed up after the sexual aspect got involved because that's when I started having a lot of self hate because I was brought up semi-religious and I knew right from wrong really but I also assumed that somebody older than me and wiser than me would too so therefore if they did things it couldn't be wrong.

For some of the women, gaining new perspectives about the therapist were also a part of accepting and letting go of the experience. Diane and Alex speak of having moved from places of intense anger at their therapists, to a place where they now see a larger picture. The following quote taken from Diane's transcript illustrates her acceptance of what happened, as well as the integration of the experience that has occurred for her:

> I know a lot of what did happen to (the therapist) as a child created the being that was there and I can feel some sense of understanding and compassion for him and really see him as not totally this evil, conniving, nasty person but with a little more understanding of how all these dynamics worked. I don't have the same need to have any feelings about it other than it's gone, and I can honestly say too that I'm not angry anymore, it's done and that's the way it is.

Alex also places her experience into perspective as she describes recent changes that have occurred in her process:

> Ya, timing has been really important. To even be able to feel pity for him. I have felt pity for him at times recently. Remembering when he started to feel like he didn't have power over me to the degree that he had before. When he could see that I was slipping away from him. And he started trying to make the sessions more appealing to me. And that seems really strange but there is something really sad and pitiful about that. I can still feel that. And that is something that I couldn't have felt before, to have both kinds of feelings. It is being able to see him in a human way almost, without that taking away from my conviction that it was wrong. That's been a thing that I have only allowed recently.

Recognition of ongoing issues. Part of acceptance also included a recognition that recovery is an ongoing process that will continue into the future as well as a recognition that the abusive experience continues to have effects, and that there are still hurdles to be overcome.

The following quotes portray Diane's perspectives about her ongoing process:

> I don't think I will ever recover. I really don't. I don't think I will ever finish it. I really wish I could say, well that's it, done. But whenever I've sort of had that sense another issue just might just zip in from out in the blue to be dealt with. And as things are OK they are never static. There's probably lots of stuff that still is going to come up that's going to have to be dealt with. The one nice thing about this is you can take breaks from it, and go back, and move out of it and go back. And I think that's the way it has to be because you need to integrate for a period of time and settle, and things change.

Alex speaks of the transition she has made in

terms of recognizing that there will be ongoing issues, but that these do not need to be paramount:

> I still obviously am marked by it and I always will be and I find traces of it and I have memories. I don't think that will ever change. But it is not like crucial to my life now. It is part of my past now. That is the big difference, that now it is really a part of my past. And I really like that feeling. And me being a victim is part of my past.

Alex also speaks of one of the ongoing issues with which she struggles:

> It is really important for me to have that freedom to not be his victim. To be something other than that. To be a person. That is part of my history, and that is all it is. You know it doesn't define me, it doesn't shape me. And that is really a hard thing to get away from actually when you start to look at this issue. I guess when I think about some of the difficulties in my recovery, it is that. When I started looking at that, that is what I became. That is what defined me. For so many people that is what I am. I am (the therapist's) victim.

Mary states that her experience has left her with difficult issues to resolve:

> (The therapist) did a lot of damage to me over the four or five years that I saw him. I still have had trouble talking and saying what I am thinking and feeling. I used to be sociable and now I am more withdrawn. I used to be very trusting. Now, there are very few people I believe or trust.

Brandy also speaks of the problems with which she still contends on a daily basis:

> You never get back, you never get back one, your wasted time, O.K., because I keep thinking that I could have been perfect by now had I just been

> going to somebody like (the subsequent therapist). Even though you can logically see how you were led into things sexually, you still never get back a point of saying, you still say to yourself, I guess, I could have stopped that or something. Like you still kind of go through your own disappointment, your own shame and self disgust to a certain level and it varies daily.

Madeline is at a place where she is struggling with sorting out the meaning of her experience. She questions her own responsibility in taking further action:

> Hopefully he's learned his lesson. But there's a part of me, and this is what (the subsequent therapist) and I dealt with quite a bit, that says, "I don't want that to happen to some other woman" like in protection for someone else. And where does my duty begin or end, or what responsibility do I have in this?

Integrating self. During this phase of their recovery, the women spoke of changes that occurred in self-perceptions, and in their perspectives about life. The abusive therapy experience took its place as one of many others, and no longer formed their self-definition. This shift made room for owning aspects of self that previously these women had not acknowledged, and adding new roles and dimensions to their lives.

In speaking to her own journey, Diane provides hopeful words for others who are struggling with recovery:

> At times you feel like you can't live through it,

> that you're just not going to make it, but you do, you really, really do. And the whole process of dealing with it is so valuable. It doesn't diminish what happened and it doesn't make you feel glad it happened, but good does come out of it, because, you get a life... you eventually get your own life.

Diane describes the changes that she has become aware of in herself over the time of her recovery:

> The feelings are there, and I feel really solid and I'm honest. I think before I speak, I don't just blurt out, I express myself more honestly and more fully than I would have before. I would only say before what I thought was the thing to say. Now I try to make sure that I'm saying what I really mean. And I listen more, to what people say. I feel much more in tune with people, and I have a greater sense of who to trust than I ever would have had. I have a real strong sense of having a lot of spiritual guidance that is there that doesn't come from me. And I'm not afraid to talk about that anymore...Over the years in the counselling I've been through with my feminist therapist I have begun to value myself more and look at not exploiting myself...I would rather have no relationship than one that is exploitive. I don't feel the need to be in a relationship, I feel very satisfied with my life. I also don't feel the need to use sex to get approval...I just have got more of a sense of being part of the whole and that there is so much more than we see, we feel, we touch...knowing that there is a whole experience out there that is yet to come and that it goes on and on.

Madeline also has come to a place of contentment in her life:

> I've done well in the schooling and I feel like I am of worth. For many years I was just the little wife sitting back there looking good. I've done it on my own, and I've managed my own finances and my own schooling and I think that really makes me feel like "hey!" I don't know, it just makes me

> feel really good. The only, the word I can best describe is content...It's not that there aren't ups and downs but I accept them as that these things are part of living and when you stop having those feelings then you may as well be dead. I've come to a point where it's okay to feel pain and that I'm not afraid that it's going to go on forever. I recognize now that I can cry and there will come a time when I'll stop. You know it won't go on forever and it's okay...I look at where I was at and at that time in my life I seemed to need a man to validate that I was worth something and I don't feel that I'm there now. Like I feel validated enough and I'm content with my lifestyle...I don't feel I need to have a man, I mean if it happens, okay but I'm not out looking for it, I'm not wasting energies on it and I think that's one way of dealing with it. Putting your energies into something that will attain the goals that you want.

Gail states that her involvement in volunteer work with children brings her a great deal of satisfaction as does her current attendance at a program for working with children. She describes numerous changes in herself; she feels particularly happy about her changed attitude towards people:

> It's a change inside of me, but also the people. I know that God is with me. I don't feel lonely anymore. I feel more at peace. I feel bright and energetic. When I walk down the street I say hello to people. I am more interested in people.

Brandy speaks of her career as being an important aspect of her self-definition:

> I'd never fall into that situation again. I definitely want my own my place...I keep myself quite involved in myself and what's going on with me and so I kind of rule out a relationship or family but at the same time I see me doing quite

well in my career and making it quite an important portion of my life.

Alex describes how her overall outlook on life has changed during the time of her recovery:

> There was a time when I expected the worst from life most of the time. And I expected things to work out badly. And now it is just the opposite. I expect good things to come my way now. I expect that I will get a good job. I expect it to be exciting. I am starting to trust that a lot more. More and more I am having good things in my life and I expect that to continue...I am much more open and much more myself and I am more able to take more risks, to show more of me. And it feels really good when I can do that. And I am doing it more in simple things. Like for example I was running down the street and I was wearing this dress that I really like, it feels really flowing and long and it is sort of dainty. It was a beautiful day and I was looking at the sky and I had my arms extended and I was running down the street. I was really enjoying that. And (a friend) pointed out to me that I looked like a little kid when I was doing that, that I just looked like a little girl who was running down the street. And it really felt good to me to be able to do that, to be able to not be sexual and to not be controlled and to just be me...So I guess in a lot of ways, I would say that is what recovery has brought me to. Is to a point where I can really, where I am safe enough to take those risks. Where I am safe and strong enough to know myself. To look at myself and to not be afraid of what I am going to find. And sometimes I still am, but less so. There have been times where I have found things that were uncomfortable or that scared me. And when I have just sort of let those parts be, it makes it easier to take more risks, for sure.

This concludes the presentation of the themes that were related to me in the women's stories about their processes of recovery following sexual violation by

their therapists. The words of the women were used as extensively as possible because they illustrate so clearly the manner in which the process of claiming self unfolded.

Although each woman's process of recovery has been unique in certain respects, each woman has also spoken for the others through words that portray the common themes that were evident in these stories of disempowerment and eventual claiming of self. And as life continues, so will the processes of recovery for these women continue to evolve.

Woman, standing on a hillside, peering,
peering into blue space ...
... What will woman be?
... not yet fully seen
... not yet fully revealed
... but coming
... coming
What will woman be?
(Duerk, 1989, p 18-19)

V. DISCUSSION

In attempting to make sense of the process of recovery for the women who had been sexually violated by their therapists, there were many challenging questions that arose for me as researcher. As I spoke of my research to colleagues, I was also presented with questions for which the literature did not present concrete or satisfactory answers. Some of the questions that arose during the research process centered around the following issues:

1. What causes some women to be more vulnerable than others to sexual abuse by a male therapist?
2. Why is it that women remain in these abusive relationships?
3. What makes it more difficult for some women to acknowledge the relationship as abusive than for others?
4. Why do some women progress from being "victim" to "survivor" to "thriver" (Dinsmore, 1991), while others remain in the role of victim?
5. What are the larger implications of the issue of sexual violation within therapy for women, for the therapy profession, and for society?

Part of what is sacrificed in a grounded theory

study is a full understanding of the unique complexities of each individual's life that leads to the problem that is resolved through a common process. A presentation of the commonalities in the process gives the reader an overall understanding of phases that were observed for these women who had the experience of sexual violation in therapy. Further closure on this issue can be gained by filling in the gaps that remain in the unanswered questions.

This chapter will provide an integration of the findings from the study with the existing literature, in order to shed further light on the above questions. The literature will also be utilized to add greater depth of understanding with regards to: (a) conditions that led up to and influenced the experience of recovery, (b) the historical and cultural context in which this experience was embedded, (c) the strategies that were used to cope with disconnection from self and bring about the process of claiming self after the abusive therapy experience, and (d) the positive and negative consequences that resulted from the use of particular strategies (Strauss & Corbin, 1990).

A more complete understanding of the process of recovery from sexual violation in therapy can be gained

as one examines the literature in the areas of developmental psychology, gender-role socialization, and the treatment of incest and abuse.

Several authors have written about the recovery issues that arise following the experience of incest (Courtois, 1988; Dinsmore, 1991; Dolan, 1991; Herman, 1992; Swink & Laveille, 1986). The recovery issues presented by women survivors of incest are similar in many respects to the issues that were dealt with by the women in the study following the sexual violation by their therapists. Several authors have also written about the parallels between incest and sexual abuse in therapy (Bates & Brodsky, 1989; Kluft, 1989; Leupker, 1989b; Pope & Bouhoutsos, 1986). This literature adds further validity to the findings of the study and will be utilized to expand the reader's understanding of the process of recovery presented in Chapter IV.

Power and Boundary Issues

The nature of the therapeutic relationship requires that the client place tremendous trust in the therapist in order to resolve the problems that are brought to therapy. The relationship is one of inequality in that the "therapist comes into the relationship with all the power and authority of an

expert who has something to sell...what is being sold is a promise that the relationship will help the patient improve his or her personal life" (Bates & Brodsky, 1989, p. 133). Several authors who have written from a psychodynamic perspective in the area of therapist-client abuse have indicated that the client perceives the therapist an authority figure due to the transference of unresolved childhood issues onto the therapeutic relationship (Kluft, 1989; Leupker, 1989a; Marmor, 1972; Pope & Bouhoutsos, 1986). From this perspective, the power differential between therapist and client is, therefore, in many ways similar to that between parent and child. There is a tacit assumption that the therapist will not harm the client. Pope and Bouhoutsos (1986) speak of the "frame of therapy" that functions to establish safe boundaries within which there will be unequivocal concern for the client. Cultural norms also create the expectation that the therapist will be trustworthy and care for the client in appropriate ways. As indicated by Leupker: "cultural stereotypes tend to idealize both therapists and parents, which leads to an extremely high level of trust, a desire to preserve the idealization, and a tendency to accede to the demands made..." (1989,

p. 75).

The life stories related by the women in this study clearly illustrate the strength of familial and cultural messages and role modelling that these women had internalized, and of the tremendous trust that was accorded to their therapists. Familial and cultural learnings were two of the factors that caused these women not to question the decisions or behaviors of their therapists, and to ignore or mistrust their own feelings about the boundary violations they were experiencing. Even when they felt extreme guilt and confusion, the women continued to interpret the therapist's behaviors within the context of trust on which they assumed the therapeutic relationship was based.

What factors contributed to the extreme vulnerability of these particular women to the abuse of power that occurred in their therapy? One obvious factor is the abandonment and the psychological, physical, and sexual abuse that was experienced by the women during their childhoods. Another important factor was the role modelling they received through which they learned to be subservient and powerless in relationships with men.

Several of the women in the study related repeated patterns of abuse in their relationships with their fathers, husbands, and subsequently their therapists. The emotional absence of their fathers and husbands and the abusive conditions of their relationships with men left emotional scars that resulted in a continued search on the part of these women for a father-figure, and a belief that they could not change the circumstances of their lives. These women idealized their therapists and perceived that their obedience of the therapist was required in order to receive his affection and attention and avoid the abandonment that they had experienced as children. Smith (1988) writing from a psychoanalytic perspective, points out that childhood issues that arise in therapy cause the client to view the therapist as a powerful authority figure who cannot be disobeyed. From this perspective, when the therapist abuses the client's vulnerability, he becomes the abusive parent in the eyes of the client, and she becomes powerless to escape. Similar to children who are experiencing incest, these women learned to cope with the abuse by denying the reality of the abusive behaviour, or by dissociating from the sexual experience.

Seligman (1975) has described the quitting response or "learned helplessness" that results from a continued inability on the part of the victim of abuse to have control over adverse or abusive circumstances. According to this author, when self-blame is internalized rather than attributed to external circumstances, self-esteem is further decreased (Seligman, 1990). According to Briere (1992), abuse-related learned helplessness can translate to extreme vulnerability to re-victimization later in life, and to the endurance of abuse in interpersonal relationships.

> Because child abuse inherently involves violation of physical and/or psychological integrity, the survivor may grow to expect invasion in a variety of other relationships - especially those involving intimacy or unequal power...early abuse appears to disrupt the formation of a complete sense of self. Lacking integrated self-awareness, survivors may have difficulty discriminating their own issues, needs and entitlements from those of others, with resultant boundary confusion. (Briere, 1992, p. 89)

Several of the women also defined themselves as having been naive about relationships since they had had little experience with interpersonal and particularly romantic relationships. The role modelling received from their mothers had not provided them with assertive skills or with a knowledge that they had rights to boundaries in relationships. These

women blamed themselves for not recognizing the motives of the therapist. During the interviews the women focused on the judgements that they felt they should have made, or actions that they wished they had taken.

The tendency of the women in the study to idealize their therapists and to blame themselves for their victimization cannot be fully understood without taking into consideration the societal context in which gender-role learning occurs. These behaviors clearly point to some extreme negative consequences of gender-role stereotyping of both women and men. The women in this study spoke of their socialization to remain passive and helpless in the context of abuse, and several described role modelling from their mothers that reinforced this learning. Gender role stereotypes that reinforce beliefs that women must be attractive, acquiescent to men, and compliant in social situations, and that men must be aggressive, powerful and dominant provide a context for potential abuse, particularly when there is a power differential in the relationship. From a feminist perspective, assault and violence against women has been framed as the "misuse of power by men who have been socialized into believing they have the right to control the women in their lives"

(Walker, 1989, p. 695).

Stiver (1990) points out that men's socialization to express intimacy through sexual experience may result in a projection of sexual feelings onto the female client, whose needs to be accepted and valued are then misinterpreted as seductive feelings. The therapist may justify his abuse through the fantasy that the client desires the sexual contact. Rutter (1989) speaks of the underlying woundedness of both the therapist and client that can lead to sexual violation in therapy. Courtois (1988) emphasizes the necessity for male therapists to overcome their socialization to identify with the male offender and to disengage from a position of power with females in order to adequately empathize with survivors of abuse.

Several of the women in the study had experienced sexual abuse during childhood, thus making them even more vulnerable to re-victimization. Several authors have pointed out that clients who have been sexually abused during childhood may unconsciously re-enact themes of childhood sexual abuse through sexually seductive behavior (Courtois, 1988; Dolan, 1991; Kluft, 1989; Pope & Gabbard, 1990). While the survivor associates exploitation with sexual relationships, she

is also particularly vulnerable to exploitation due to her craving for the caring missed during childhood (Dolan, 1991).

These authors emphasize the importance of therapists being educated about the relationship dynamics that contribute to sexual exploitation in therapy. The therapists' training, along with their knowledge of the vulnerabilities shared by the client create a tremendous power differential within the therapeutic relationship (Bates & Brodsky, 1989). "Therapists must be sufficiently clear and responsible about their own reactions, about the nature and task of therapy, and about the normal reactions of clients who have been sexually victimized" (Pope & Gabbard, 1989, p. 99).

Greenspan (1983) writing from a feminist perspective, acknowledges the presence of transference but points out that treating the client as an expert on her own problems, and enhancing the connection between therapist and client demystifies the power attributed to the therapist. This author believes that working with the client's transference, while simultaneously encouraging a more equalized and authentic therapy relationship, will result in the client's increased

trust in herself, as well as a recognition that the therapist is accountable.

The socialization process as well as cultural messages that indicate implicit acceptance of sexual abuse and blame the victim for crimes of violence set the stage for continuation of sexual abuse within therapy. The women in the study who were raised in families where abuse and violence were prevalent, learned to be passive and compliant, because the abuse they experienced was unavoidable. They learned that their attempts to change these situations were unsuccessful and that they had no control over the unpredictability of the environment and behaviors of others. Eventually they came to believe that they were powerless. Those women who experienced sexual abuse and incest during their childhoods had their feelings of powerlessness and their beliefs that they must be sexual in order to be cared for further reinforced. Thus in the cases of these women, it is likely that their socialization as females and the abusive situations in which they were raised were major contributors to their vulnerability to the later abuse within the therapeutic relationship, as well as to their ambivalence upon ending these relationships. The

factors of power, trust, and dependency within the therapeutic relationship remove the possibility of a client freely consenting to sexual involvement with the therapist, and place sole responsibility on the therapist for maintaining appropriate boundaries (Bates & Brodsky, 1989; Pope, 1990b; Rutter, 1989).

Disempowerment and Disconnection from Self

For the women who took part in the study, disconnection from self was a major theme in their life experience. The histories of these women illustrate life contexts in which they were unable to develop a clear sense of self.

The development of "self" has been explained from various theoretical and clinical perspectives. Although the research that differentiates the psychological problems that result from various kinds of abuse is only in its beginning stages, several authors have written about the effects of early childhood abuse on the child's inability to develop a sense of self (Briere, 1992; Courtois, 1988; Herman, 1992; McCann and Pearlman, 1990).

Recently McCann and Pearlman (1990) have put forth a constructivist self-development theory in which they propose that adaptation to trauma is a "complex

interplay between life experiences (including personal history, specific traumatic events, and the social and cultural context) and the developing self (including self capacities, ego resources, psychological needs and cognitive schemes about self and world)" (p. 6). These authors have drawn upon aspects of developmental object relations theory, self psychology and cognitive experiential self-theory, and define the self as being comprised of: (a) basic capacities that function to maintain identity and self-esteem, (b) resources that regulate interaction with others, (c) psychological needs which motivate behaviour, and (d) cognitive schemas, which are the beliefs and assumptions through which experiences are interpreted.

Feminist authors (Miller, 1976; Gilligan, 1982; Surrey, 1990) have defined women's sense of self as being inseparable from the quality of her emotional connections and interactions with others. Jordan (1990) and Surrey (1990) point out the centrality of relationships in fostering women's sense of self, and the importance to women's self development of mutual empathy and mutual empowerment in relationships. Several of the women who took part in the study described home environments in which they were isolated

and disconnected from parents and other family members. They spoke of being unable to connect with their mothers, who were preoccupied with meeting the needs of their spouses. Two of the women described the responsibility they felt for taking care of their mother's feelings. The women further described their relationships with their fathers and other men as being associated with abuse, pain, and rejection. The women spoke about physical, psychological and sexual abuse, as well as parental abandonment and neglect and preoccupation with conflict.

Miller (1988) emphasizes the importance for children of being able to sustain mutually affirming relationships while simultaneously asserting their individuality, in order to develop a sense of self. In contexts of abuse or violence, the child becomes angry, depressed and isolated, as she increasingly attempts to connect. In an unresponsive environment such as the women in the study described, the child eventually makes herself into the person she believes she must be in order to receive acceptance (Miller, 1988).

In reading through the transcripts it is evident that the self-blame that was so pervasive a theme for all of the women in the study, began early in childhood

as the women attempted to make sense of the neglect, abandonment, and abuse they experienced.

Erickson (1968) has described the first stage of psychological development as basic trust vs. mistrust (i.e., learning that caretakers are reliable, consistent and predictable). These women formed their cognitive schemas (i.e., expectations and beliefs about self and others) in early environments in which they experienced little love or affection, and in which they could not form the secure attachments or validating relationships that are necessary to healthy ego development and the formation of a sense of self. Through these interpersonal interactions the women developed expectations and beliefs that others were untrustworthy and also developed negative schemas around trusting their own judgement.

Herman (1992) describes the overwhelming task that a child faces when she must form attachments to caretakers who are negligent or abusive, and develop trust in an untrustworthy environment. In order to preserve meaning and a sense of power, the child absolves the parents of responsibility and reaches the conclusion that her innate badness is the cause of the abuse (Herman, 1992). By coping in this way, the child

can maintain the hope that she will someday be forgiven and receive the love she needs. Herman further points out that this sense of inner badness then becomes the core of the child's identity which follows her to adulthood. Since these women could not rely upon their parents to provide the stability, support and validation they required, they could not learn to trust their own perceptions and judgements. The traumatic experiences of abandonment and betrayal experienced by these women and their parents' inability to meet their dependency needs, resulted in the development of negative schemas regarding trust of self and others, which are associated with repeated victimization (McCann & Pearlman, 1990). The re-victimization by the therapists reinforced the women's self-blame and further eroded their already unstable sense of self. "How a woman is treated in relationships of trust can make the difference between whether she experiences her femininity as a force to be valued and respected or as a commodity to be exploited" (Rutter, 1989, p. 27).

The women who took part in the study experienced life long difficulties with interpersonal relationships and intimacy. Several of the women described the isolation they experienced during childhood which

extended into adulthood. Others spoke of entering abusive relationships that repeated the dynamics of their childhood relationships with their parents. The women spoke of difficulties with establishing boundaries in relationships due to their extreme neediness for affection and nurturing.

Briere (1992) points out that the abused child's lack of access to a sense of self, results in identity confusion, boundary issues, feelings of personal emptiness, and lack of ability to self-soothe. According to McCann and Pearlman (1990), children who have their schemas for intimacy disrupted may experience a pervasive sense of loneliness and alienation which results in an inability to tolerate the inner sense of aloneness and disconnection that results. This brings about a reliance upon others for a sense of inner fullness. Ironically, while the women relied upon the therapist to provide them with the sense of inner fullness due to their lack of nurturing during childhood, the extreme boundary violation experienced in therapy only served to further alienate them from gaining the clear sense of self that is required to form a true intimate relationship. By exploiting the nurturing qualities that were brought by

the women to these relationships, the means through which these women sought connection were further devalued. Rutter (1989) describes the profound loss of hope that can result from this ultimate boundary violation.

Boundary issues presented a pervasive life theme for this group of women. As indicated by the women's stories, they were very sensitive to the therapist's behaviors and reactions, and often spoke of feeling that they were required to meet his needs. The women fit their responses to what they perceived to be required from them. The abandonment experienced by these women during childhood made them unable to feel deserving of love and unable to distinguish abusive relationships from mutually validating ones. Those women who were cast in the role of emotional caretaker of their parents and siblings were even more susceptible to taking care of the therapist's emotional needs. The women described becoming more and more compliant as they attempted to ensure they would not be abandoned by their therapists. According to Pope and Bouhoutsos (1986), it is common for women who are exploited by therapists to lose confidence in their judgement.

Gender socialization contributes to women's difficulty with boundaries by encouraging women to put others needs before their own. Miller (1976) has described how women become the carriers of emotionality and vulnerability in relationships by learning to foster the development of others at the expense of their self-growth. Gilligan (1982) has addressed how women's sense of self evolves around taking responsibility for the needs of others and extends to selfless giving in relationships. These roles were carried to the extreme in the abusive therapy relationship, where the women should have been encouraged to care for themselves and provided with a safe space to come to a deeper understanding of their own experience rather than taking care of the therapist's needs.

Because sense of self is so intertwined with relationships, these women sacrificed their own needs in order to be approved of by their parents, and continued this pattern in their relationships with the therapists. They continued to remain in these abusive relationships and feel responsible for meeting the therapist's needs even when their own values were violated. The women's learnings to subordinate

themselves in order to maintain relationships and their fears of losing the relationships resulted in further disconnection from self. Armsworth's (1990) study of adult incest survivors' responses to sexual involvement with therapists indicates that life themes that prohibited the development of a sense of personhood, and adoption of a surrender pattern to cope with violations were salient themes in understanding the development and maintenance of the abusive therapy relationships in her study.

Effects of the Abusive Therapy

The women's difficulties with trust and intimacy that began in their childhood worsened during the abusive therapy as the therapists encouraged the clients' idealization of them. The participants provided many examples of the mixed messages received from their therapists that placed blame upon them for his behavior and created and maintained their dependence upon the therapist. Eventually, most of the women came to see themselves as objects for the sexual gratification of their therapists. Some of the women came to believe that they could not live without the therapist. These double binds that were created caused the women to feel powerless to change the situation as

they feared losing the relationship upon which they had become dependent.

Similar to victims of incest, the women blamed themselves for the sexual relationship. When speaking about the sexual contact many of the women indicated their confusion between intimacy and sexual contact. Some of the women spoke of attempting to develop closeness through sexual contact. As the sexual relationship developed in a context of increasingly blurred boundaries the women became confused and questioned their own judgement about the therapist's motives. They described feeling uncomfortable with the sexual contact, and at least three women described conscious awareness of transference of issues related to their fathers onto their therapists.

The women also spoke of their continuing reliance on the therapist for psychological help, which the therapist was no longer able to provide due to the dynamics that came about after the dual role relationship began, and the unsafe environment developed. As pointed out by Bouhoutsos et al. (1983, p. 194) "When sexual intercourse begins, therapy ends." The therapeutic goal of healing the client's wounds can no longer be achieved as the therapist's needs take

precedence. Similar to the women in this study, those who participated in the study by Bouhoutsos et al. (1983) had not resolved the original problems brought to therapy, and added to those were the problems created by the abusive therapy. Some of the women in this study spoke of seeking subsequent therapy after they began to feel the effects of the abusive therapy. None of the women in the study were able to resolve the presenting problems in their original therapy as the focus switched to taking care of their therapists. One of the women repressed her memories of the abusive therapy for several years. Some of the women experienced a difficult transition into their subsequent therapy particularly around trust issues. In addition, several of the women spoke of their mistrust of men and difficulty establishing relationships following the abusive therapy.

Several authors have documented the mistrust of men and therapists, and the difficulties with relationships and with intimacy that results following sexual violation in therapy (Bouhoutsos, et al., 1983; Feldman-Summers & Jones, 1984; Leupker, 1989a; Pope & Bouhoutsos, 1986).

An important element that impeded the recovery of

the women in the study, was being held responsible by other professionals for the sexual relationship with the therapist. Interpretations that indicated that the woman was seeking power or control were particularly damaging in that these explanations obscured the ethical responsibility of the therapist to maintain appropriate boundaries, and caused the client to remain in a self-blaming role. Until the women could place responsibility on the therapist for his actions, they remained caught in the role of victim. In some cases the women also spoke of silence that was maintained around the abuse by others, including friends, family members, or other professionals. Collusion among professionals to maintain silence, or protect one another amounts to tacit approval of sexual violation within therapy (Pope, 1990b; Rutter, 1989).

In summary, several studies have supported the findings of this study which indicate that the negative effects of the abusive therapy for these women included, self-blame, depression, increased mistrust of men and of therapists, increased difficulties with intimacy, and lack of resolution of presenting problems (Belote, 1974; Bouhoutsos et al., 1983; Feldman-Summers & Jones, 1984; Leupker, 1989a; Sonne Meyers, Borys &

Marshall, 1985).

Feldman-Summers and Jones (1984) pointed out that clients who are more psychologically troubled upon entering therapy, will experience greater damage from the therapist abuse. In this study, it was difficult to ascertain the extent of damage sustained from the abusive therapy, since the women were interviewed after already having worked through some of their issues in subsequent therapy. It was also very difficult to separate the effects of their historical abuse from that experienced during the therapy. The uniquenesses of each woman's case history appear to be very related to the meanings that she attached to the abusive relationship, and to the damaging effects she experienced. It is clear, however, that the women in the study sustained numerous negative effects from the abusive therapy, particularly with regards to disconnection from self. In this study the women who had the most difficulty with recovery were those who remained stuck in patterns of self-blame. Those women who made the greatest gains in recovery were clearly those who placed appropriate responsibility on the therapist for the abuse, and who were facilitated by self and others in their processes of claiming their

own values and sense of self.

Claiming and Integrating Self

What was the context in which these women came to acknowledge the "center of their being?" (Duerk, 1989). The process through which the women collectively travelled in becoming the authors of their own stories occurred within lifetime patterns of self-denial which culminated in the therapy in which they were treated as sexual objects. In their recovery, as the women assumed control of their own lives, they also began to redefine themselves and their own realities, and embrace and live by their own values. For these women embracing the spirit part of themselves that had been kept alive throughout their experiences, was a crucial trigger to the process of claiming self.

The process of claiming self did not occur in separate stages. Rather, there was a great deal of overlap in experiences and events that contributed to the redefining of self. Each phase that was mastered led to greater self-esteem and in turn a more clear self-definition. Thus began an upward spiral that continued despite occasional setbacks.

> The process of healing and transformation must ultimately result in renewed developmental progression, a process in which the self-capacities and resources are

> strengthened, psychological needs are balanced, and schemas are adjusted to incorporate new information in a way that enables the individual to experience pleasure and satisfaction in his or her life. (McCann & Pearlman, 1990, p. 8)

For most of the women, the process of claiming self was triggered by an event or a combination of events that began a disintegration of the relationship with the therapist. All of the women spoke of becoming disillusioned with the therapists. This changed the power balance in the relationship as the women no longer idealized their therapists. The events that brought about the disillusionment, in combination with letting go of the denial that had for so long been used as a defense against acknowledging reality, brought about a recognition that the relationship was not what these women had imagined it to be. As the women began to experience and attend to their own values, a process of introspection began, and the women became aware of having a responsibility to themselves. Bates and Brodsky (1989) address the consequences of devastation and humiliation that result when the client discovers that the promise of a romantic relationship was really exploitation. For these women, this recognition was the trigger for disintegration of the relationship. Dinsmore (1991) describes the acknowledgement stage of

recovery for victims of incest as including a relinquishing of the denial that protects the survivor from the psychic pain that comes with the acknowledgement of the abusive relationship.

Similar to survivors of rape or incest, the women in this study also experienced a period of crisis and disorganization (Dinsmore, 1991; Worell & Remer, 1992). Several of the women described this crisis as having occurred after the ending of the relationship with the therapist, or for one woman, when memories of the abusive therapy returned in the form of flashbacks. Some of the women remained withdrawn and stuck at this stage prior to reaching the turning points that began a conscious awareness of their recovery from the abusive therapy relationship. Although turning points were unique in terms of particular events that triggered recovery, all of the triggering events resulted in actions on the part of the women that included assuming responsibility to take charge of their own recovery process.

This taking of responsibility was intertwined with a process of finding new behaviors through which to act on the learnings that came about due to increased introspection and self-trust. For all of the women,

support and validation from others was crucial during the process of recovery. The theme being validated through connected relationships arose again and again as the women spoke of their movement from isolation and self-blame into relationships where they were heard and understood. As the women had their realities validated, they placed appropriate responsibility on their therapists for the abuse. Some of the women spoke of the significance of no longer blaming themselves, particularly in terms of increasing their self-esteem and self-confidence. Wine (1992) found that dialogic interaction was a crucial feature of women's healing from therapist sexual violation in that validation helped the survivors in her study to recognize the social-historical frame for their experience and thus move beyond self-blame. Authors who have addressed the recovery process for survivors of incest, emphasize the importance of disclosing the secret of the abuse and relinquishing guilt (Dinsmore, 1991; Swink & Laveille, 1986). Mastering these stages enables the survivor to give up the victim role and the former self-concept which was built around guilt and worthlessness (Swink & Laveille, 1986). Disclosing also enables the survivor to begin to get in touch with

her emotions (Dinsmore, 1991).

For the women in this study, being validated was crucial to being able to acknowledge and express the anger that had for many years been suppressed. The women speak of the appropriate expression of their anger as having been essential to establishing new beliefs that they had rights to boundaries in relationships, and to taking further action. For this group of women acknowledging anger was integrated with growing self trust as this was the most difficult feeling to deal with due to past socialization. Acknowledging and acting upon their anger for several women resulted in confronting the therapist, an event that was integral in gaining control of their own processes and rebuilding a strong sense of self. Those women who did not confront their therapists still felt that their therapists had control over their lives. They spoke of still wanting to confront the therapist. Dinsmore (1991) points out that confrontation allows the incest survivor to know that she is no longer responding to someone else's rules but is setting her own. She also describes the absence of confrontation as leaving the incest survivor with an incomplete issue.

Being validated, acknowledging anger, and confronting the therapists, were important aspects of letting go of the control that the abusive relationship had over the lives of these women. The women who moved through these phases became empowered to move ahead and reorganize their lives, making choices that fit with their own needs and values. The women who did not go through these phases continued to progress in their recovery but perceived more aspects of their lives as still being controlled by the past abusive therapy, particularly with regards to difficulties with building relationships and continued self-blame. Wine (1992) points out the importance for survivors of public disclosure of the abusive therapy experience as a stage of healing.

A major aspect of re-organizing their life stories, centered around the creation of relationships in which there was reciprocal communication and mutuality. One factor that appeared to be important in triggering the ability to sustain connected relationships was the subsequent therapy experience. The women spoke of the importance of the safe therapeutic environment in which they did not have to please the therapist. The subsequent therapist's

validation of the unethical behavior of the previous therapist was significant in helping the women to become aware of the dynamics through which they became subjugated to the abusive therapist. For those women who had never had the opportunity to focus on their own needs and values, the therapy was an invaluable healing experience during which they came to know their personal values. Through the role modelling of the therapist and the building of a trusting relationship, the women could form new cognitive schemas around the meaning of therapy and relationships. McCann and Pearlman (1990) reinforce the importance for traumatized clients of experiencing a therapeutic relationship with a warm, concerned therapist who is actively involved with them in an empathic and responsive way. The women who took part in this study reported positive experiences with both male and female subsequent therapists. Those women who had subsequent male therapists spoke of learning through their therapy that not all men would exploit women. Courtois (1988) states that in dealing with incest victims past learnings and mistrust can be countered by an experience with a male therapist who draws clear boundaries between caring about the client and

exploiting her. Those clients who saw subsequent female therapists spoke of aspects of the therapeutic relationship through which they felt validated and empowered to embrace their own identities, and gain control of their own process.

The women also spoke of the development of various support networks during their recovery. As the women risked reaching out to others and telling their stories, they came to recognize they were not alone in their struggles, and came to better understand themselves as they received collective support. Through internalization of the support received from others the women began to gain positive perspectives of themselves in relationship with others, and value their own positive strengths that had previously been exploited. As these women came to trust themselves, they also opened themselves to establishing close relationships with women, through which they learned to further value their own and other women's qualities. Several of the women spoke of overcoming past feelings of competition with women, becoming aware of women's strengths and gaining respect for women. They also spoke of increasing abilities to form intimate relationships with women with whom they shared common

issues, and some described looking to other women as role models.

Some of the women spoke of forming friendships with men in which they felt accepted and encouraged. By not being required to focus on the needs of their male friends, they were further able to acknowledge that they were cared for because of who they were rather than for sexual reasons. Some of the women spoke of forming new beliefs about themselves as being worthy of relationships in which there was mutual respect and equality.

The final major theme in the women's process of claiming self was that of owning personal values and accepting limitations. As the women found meaning in their experience, they were more able to let go of the negative aspects of the abusive therapy experience, no longer allowing it to define their lives or their personalities. Through letting go, the women began to gain new and more empathic perspectives about the vulnerabilities that led to their sexual violation. For two of the women, the changing perspectives included attempts to understand the motivations of the therapist, and the context in which the sexual violation came about. These steps resulted in further

inner acknowledgement that they were not to blame for the abuse.

As the women gained new perspectives, they also acknowledged the ongoing effects of the abusive therapy experience, and the continuing issues that would require attention in order for recovery to proceed. One woman spoke of recovery as a process that would never really be finished, while another spoke of being marked by the experience but having the ability to place it in the past. Those who were able to see the abuse as an experience they could continue to overcome fared better than those who continued to allow the experience to define them.

Acceptance is also a crucial stage in the healing process for victims of incest and for victims of rape (Dinsmore, 1991; Worell & Remer, 1992). Worell and Remer (1992) describe the integration of the rape experience into the survivor's identity as being an important aspect in the resolution of the experience. Dinsmore (1991) writes about the elements of acceptance for incest survivors, including acknowledging the continuing effects, recognizing that the experience cannot be changed, and making peace with the past.

An important theme in the recovery process for the

women in this study was that of integrating self. During this phase the women came to places of embracing their own values and honoring their personal strengths. They became aware of the lifestyles they wished to establish and choices that they could make with regards to relationships. As evidenced by the women's stories, part of integrating self included exploring and becoming comfortable with new roles, including worker, student, and nurturing self. As with incest survivors (Dinsmore, 1991; Swink & Laveille, 1986) this process of rebuilding self occurred over time and resulted in increasing self-love, taking charge of life, and a recognition on the part of the women that they are entitled to have respectful and validating relationships with others.

Practical Implications of the Study

This study has implications for women who have been sexually violated by therapists, for professionals who work with this group of women, and for society.

Several of the women in the study spoke of feeling validated through hearing of and speaking to other women who had been sexually violated by their therapists. The women who participated in this study, by giving voice to their experiences, have added a

dimension to the literature that has previously been lacking. Other women who have been sexually violated by professionals will benefit by reading about the collective experiences of women who have entered into the process of recovery following sexual violation by a therapist. The recovery processes described by the women who took part in the study validate that women do heal from this experience, and that certain phases were common to these women in the central theme of claiming self.

The study also has significance for professionals who work with women who have been sexually violated by professionals. The results of the study provide hope for professionals that women can and do claim themselves and rebuild their lives following this experience even when they have had childhood histories of physical, emotional, and sexual abuse. The significance of the participants' past histories in their vulnerability to re-victimization points to the importance of therapists being aware of the lasting effects of childhood abuse and abuse related learned helplessness. The women in the study spoke of the importance of respect, safety, and pacing in their subsequent therapeutic relationships. When working

with this group of women, it is crucial that therapists be sensitive to building a supportive therapeutic relationship in which the client is ensured as much control as is possible over her own process. The establishment and role modelling of clear boundaries by the therapist is necessary in order to create an atmosphere in which the client will feel safe focusing on her own needs.

The women in the study spoke of their fears of being blamed or held responsible for the violation experienced in their therapy. For this group of women, self-blame was a major life theme. This points to the importance of therapists ensuring that they are aware of their own assumptions and biases with regards to violation and abuse. It is necessary that therapists be educated about the gender-role stereotypes that perpetuate the blaming of victims for sexual violation, so that they do not unwittingly perpetuate these biases.

The study also has implications with regards to issues that must be addressed for this particular group of women in order for recovery to proceed. All of the women in this study linked experiences of childhood abuse with their vulnerability to the abuse they

experienced in their therapy. This points to the importance of addressing the effects of childhood abuse within the therapeutic context. The findings also indicate the importance of the therapist being aware of the transference of unresolved past issues onto the therapeutic relationship. This is particularly crucial for survivors of sexual abuse who may re-enact past abuse in attempting to resolve past issues.

The study also has implications for the training of therapists in terms of dealing appropriately with their own sexual feelings. Pope, Sonne, & Holroyd (1993) indicate that there is little education with regards to this issue in training institutions. In this study, it was very evident from the women's stories that the therapists did not address the women's therapeutic concerns, nor did they maintain appropriate boundaries. It is important that by focusing on the women who have been violated by therapists, that the educational needs of therapists and their ethical responsibilities to their clients not be obscured.

This study also has implications for gender issues that need to be addressed within society. The issue of abuse of power has implications not only for the therapeutic relationship but for all relationships. It

is important that both women and men become aware of the dynamics that bring about power imbalances in relationships. More specifically, it is necessary that men's consciousness be raised about gender role learning and stereotypes and attitudes that continue to perpetuate abuse within society. Since sexual abuse is a power issue, it is necessary that men work together to confront this as unacceptable behavior that will not be tolerated.

Implications for Further Research

The findings of this study raised some interesting questions for further research. It is evident that the women who took part in this study are at different points on the continuum of recovery. It is not clear however, what triggers some women who have been sexually violated by their therapists to persevere in their recovery despite setbacks, while others remain caught in cycles of self-blame. A future study could examine more specifically the internal and external factors that impact on women's ability to overcome this experience.

It would also be interesting to examine more closely the therapeutic contexts and specific interventions that have been helpful to women in their

recovery from this experience.

In order to add breadth to the study, it may be helpful to research other groups of individuals who have had the experience of sexual violation in therapy, including men, women who have received therapy from counselling professionals other than psychologists or psychiatrists, and women who have not received subsequent therapy following sexual violation in therapy.

Further research could also include a study of therapists who have violated their clients, in order to better understand the historical issues, socialization issues, relationship dynamics, and therapeutic contexts that contribute to the continuing existence of this problem from the perspectives of the perpetrators.

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Appendix A

To persons referring participants for this study:

I am a graduate student in the counselling program in the Department of Educational Psychology at the University of Alberta. I am conducting my doctoral research under the supervision of Dr. Don Sawatzky and Dr. Gretchen Hess, who are professors in the Department of Educational Psychology. The subject of my doctoral research is "Women's Experience of Recovery Following Sexual Involvement with a Male Therapist".

I am carrying out a qualitative study during which I will be interviewing women about their recovery process after having been sexually involved with a previous therapist. I am seeking women over the age of eighteen who have received subsequent therapy following sexual involvement with a therapist and who can speak in detail about their personal experience of recovery.

This study is being conducted solely for research purposes. I wish to obtain information that will contribute to the literature a more in-depth understanding of women's process of recovery following the experience of sexual involvement with a therapist. I anticipate that this research will be useful for women who are recovering from this experience as well as for therapists or other professionals who work with these women.

In order to adhere to the research aims, the names of the contact persons, the participants and the previous therapists will be kept confidential. Although I will provide any necessary emotional support to participants during the interviews I will not become involved as advocate or therapist. If the participant raises the issue of making a complaint against her previous therapist, or requires therapeutic help she will be referred to her current therapist or provided with the names of appropriate professionals.

I would be pleased to answer any questions that you have about this study, and welcome you to provide any potential participants with the attached letter that describes their part in the study.

Appendix B

To participants in this study:

I am a graduate student in the Department of Educational Psychology at the University of Alberta. The subject of my doctoral research is: " Women's Experience of Recovery Following Sexual Involvement With a Therapist". I am interviewing women in Edmonton who have been sexually involved with a therapist and have received subsequent therapy with a different therapist following this experience.

As a part of this study, you are being asked to participate in two interviews that will be focused on obtaining information about your recovery process. These interviews will be conversations about the details of your experience that you feel are important as you reflect on it. My goal is to analyze the information I obtain in order to better understand the recovery process of women having been sexually involved with a therapist. I anticipate that this information will be helpful to women who are recovering from this experience as well as to therapists who work with these issues. The information that I obtain from you will be included in my dissertation. I will not use your name or any names mentioned by you during the interview in any written material. If you are interested in participating in this study I will arrange a meeting with you to discuss the study further. Your signature on this form will provide me with permission to obtain your name and phone number from the person referring you so that I can contact you.

I _____ have read the above statement and agree that _____ can provide my name to Rhonda Gora who will contact me about the research project described above.

_____ _____

Signature of Participant Participant Telephone #

_____ _____

Signature of Person Referring Date

Appendix C

Consent to Participate

I, _____ consent to participate in an interview with Rhonda Gora, a graduate student in the Department of Educational Psychology at the University of Alberta. The purpose of the study has been explained to me. I understand that the information that I provide will be used solely for research purposes, and published in the form of a dissertation and/or journal article. I understand that identifying information will be removed from any written material. I agree to allow the information to be tape-recorded with the understanding that the tapes will be safeguarded by the researcher during the research process. I understand that the tapes will be erased and the transcribed material destroyed when the research process has been completed. I am aware that I will be asked by the researcher to review the data analysis to validate the accuracy of the researcher's interpretations. I am also aware that a professor and secondary coder may be asked to review the analysis of the data. I understand that the purpose of the study is research, and that the researcher will not act as therapist or advocate, but will provide emotional support if required. I have been provided with the opportunity to ask the researcher questions and these have been answered to my satisfaction. I understand that I may withdraw from the study at any time without any penalty.

_____
Signature of Participant

_____ _____
Signature of Interviewer Date

Appendix D

Participant Information Form

Name: _____ Date: _____

Address: _____

Telephone Number: _____

Date of Birth: _____

Educational History: _____

_____

Occupational History: _____

_____

_____

Previous Therapy Experiences: _____

_____

_____

Length of therapy during which sexual involvement occurred: _____

Profession of therapist with whom sexual involvement occurred: _____

Approximate age of therapist: _____

Reason for seeking previous therapy: _____

_____

Is there a pseudonym you would like to be called in this study?

Appendix E

Sample of Data Analysis

Interview A
Table 1
Theme: Choosing to Recover
Subtheme: Acknowledging Reality

Meaning Units extracted from interview dialogue	**Paraphrase of meaning unit**	**Codes**
46. I don't remember making like an actual decision to never see him again, but I think that was part of it. It was just that at that point he didn't fool me as easily. So I was able to think independently enough that I was actually able to question him to that degree. And I could see that he wasn't helping me.	A. does not recall making a conscious decision to stop seeing her counsellor. In retrospect, she recognizes that she began to question his behavior as she became more independent, and could see that she was not being helped.	ending the relationship acknowledging reality feeling ambivalent
49. He wasn't my lifeline anymore. And that was really important. So it was that and a combination of just the fact that I was older. I was in University then, so it was a lot harder for me to buy some of the things that he was trying to sell me.	A. speaks about the connection between her growing independence and her acknowledgement of the reality of her relationship with her counsellor.	acknowledging reality
62. I saw an article on sex and therapy and I remember that left a mark on me. I was reading through it and it was talking about it was inappropriate and for me I thought, "That doesn't apply to me though"....that the case was different. But there was a discomfort there. There was definitely a discomfort because there were some things that were too recognizable. It was hard for me to discount all of it.	A. describes her ambivalence around acknowledging the reality of the violation she had experienced from her counsellor.	acknowledging reality denial feeling ambivalent

64. He had always given me, he had always presented things as having one answer. There is one truth, there is one, this is what you are and everything was rigid and defined. So just having a different way of looking at it challenged that. All of a sudden there wasn't one clear answer. That was I think, a big thing for me, to realize that there was more than one way of looking at this. That was really important.	A. speaks about the importance of gaining alternative perspectives in helping her to acknowledge the reality of her relationship with her counsellor.	acknowledging reality
95. What the real last straw for me was finding out about the fact that he had tried something with my mother. That really was what pushed me to see that I had not been special at all. There had not been nothing special about what he did with me, about who he was. And that really changed everything for me, it really did...I slowly somehow I started to actually consider the possibility that what he had done was wrong. And that I didn't have to go through it. And that I didn't do anything to deserve it. And that was a hard one for me to accept actually.	A. describes how her counsellor's betrayal and attempt to become sexually involved with her mother changed her perception of the relationship, and caused her to acknowledge reality.	feeling angry feeling betrayed acknowledging reality

Theme: Choosing to Recover
Subtheme: Ending the Relationship

Meaning Units extracted from interview dialogue	Paraphrase of meaning unit	Codes
43. I was really hitting rock bottom, we had a lot of confrontations even just where I said, "Just let me die". And whenever I would do that he would back off and say, "Oh but you are getting better". Then somehow for some reason I met __ and I got involved with __. He became the structure of my life. And I started spending almost all my time with him. I started going to far fewer sessions.	A. indicates that her involvement in a relationship led to her attending fewer sessions with her counsellor.	ending the relationship relationship therapist relationship friend
45. As I started to withdraw from him the sessions changed...we had sessions up in his living room instead of in his office. Like it was almost as if he was trying to give me what I wanted, to make it seem more exciting. It was sad to see him do that. But it was I guess at that point he started to realize that he was really losing his hold. He tried all that and it didn't work.	In retrospect A. recognizes that her counsellor attempted to hold onto their relationship by making their sessions more exciting.	ending the relationship relationship therapist
46. I don't remember making like an actual decision to never see him again, but I think that was part of it. It was just that at that point he didn't fool me as easily. So I was able to think independently enough that I was actually able to question him to that degree. And I could see that he wasn't helping me.	A. does not recall making a conscious decision to stop seeing her counsellor. In retrospect, she recognizes that she began to question his behavior as she became more independent, and could see that she was not being helped.	ending the relationship acknowledging reality feeling ambivalent
53. I felt more normal I guess. I felt like I didn't have like this dangerous dark kind of life anymore that I had before. It really freed me up to be normal. For the first time, I could read about myself, I could, I just felt so much more normal.	A. describes the feeling of freedom she had when the relationship with her counsellor ended.	ending the relationship feeling free

Theme: Choosing to Recover
Subtheme: Turning Points

Meaning Units extracted from interview dialogue	**Paraphrase of meaning unit**	**Codes**
52. It is hard for me to choose between the time that I began my relationship with __ and the time the time that he broke up with me when I was in a crisis. I had to find ways of dealing with it. And that is when I really, I really for the first time started intensely working on myself. Because I had to. At that time I felt desperate. I was, I had never felt pain like that actually, not consciously, I had never felt pain like that. I couldn't handle it, I couldn't stand it, it was awful.	A. speaks of the intense pain she felt when her relationship with her friend ended. This incident was a turning point in that A. began to intensely work on herself.	turning point relationship friend
54. I still have to talk about turning points in recovery. I would say that meeting __ was important, to break up with __ when I actually started to focus on myself was important, and choosing to go see another therapist, was really important. When I think about it, it was a big decision for me. Because I was actually recognizing the possibility that somebody else might be able to help me.	A. describes a series of events that led to a turning point of self-growth, including the beginning and ending of a significant relationship, focusing on herself, and choosing to see another therapist.	turning point subsequent therapy experience
57. I think that my recovery began in a crisis in a way, sometime after I stopped seeing him. I started to feel unhappy, very unhappy in a different way from how I felt during the therapy itself. I would say that during the therapy I felt like sort of like it was a separate world. It was so, everything that was going on was so intense and so extreme that it didn't give me a chance to experience what I was going through. Then after I stopped seeing him, I started to feel my unhappiness more. I felt really bad about myself.	A. describes the turning point that led to her recovery as having begun in a crisis after she stopped seeing her counsellor and began to feel intense unhappiness.	recovery feeling ambivalent turning point

Theme: Reorganizing Life
Subtheme: Subsequent Therapy Experiences

Meaning Units extracted from interview dialogue	Paraphrase of meaning unit	Codes
31. I guess what's different is that more and more I felt that therapy is for me and for what I need and the way that it happens is entirely based on what I need and not any other consideration. I guess that was the big change. And feeling like I don't need to report on my life to anybody you know.	A. speaks of her changed perception that therapy is for her benefit.	subsequent therapy experience
55. I actually remember reading an article in a magazine about sex and therapists and even then I still thought, "That's not me, it does not apply to me". My case was different. I don't remember at what point it happened really. I know that at some point during the course of my therapy I did get to the point where I realized that it had been abusive. It had been an abusive relationship. That it was wrong.	In retrospect A. recalls her ambivalence about acknowledging the abusive nature of the relationship with her counsellor. Her subsequent therapy empowered her to define the relationship as abusive.	denial subsequent therapy experience acknowledging reality
56. I think I was very prepared to think that she wasn't any good. I remember thinking that I had to give her some sort of background type thing. And I said, "Well, I had my personality profile done and this was the results of it". And I remember feeling very odd about the fact that she didn't try to define me or tell me what I was or what I was like or to describe me in any way. That was really odd for me. And I would say that at first I definitely felt that she wouldn't be able to understand what my therapy with him was really like.	A. recalls being skeptical about whether her subsequent therapist could help her, or whether the therapist would understand her experience in the abusive therapy.	subsequent therapy experience feeling ambivalent

60. The combination of the two things made me really feel like I needed help, eventually I felt like I needed help. That was hard for me to do. It was very hard for me to admit that it was possible that somebody else could help me. It almost felt like a betrayal. At that time I still believed that he had helped me and that he had given me something that nobody else had ever given me. Even then I felt that I could if I wanted to one day pick up the phone and call him and he would see me. I felt that that would happen. So it was a strange kind of security I guess. That he would always be there.	It was difficult for A. to acknowledge that someone other than her counsellor could help her. She remained bonded to him even after their therapy ended.	subsequent therapy experience feeling ambivalent

61. One thing that I know was very clear to me is that it was weird for me to be in the context of therapy and not be treated like a really strange person. That was weird for me. I actually remember feeling uncomfortable with that.	A. felt uncomfortable because her subsequent therapist did not treat her as a strange person.	subsequent therapy experience
65. I think also once I actually told her about the sex in therapy the fact that she didn't freak out was really important. She didn't treat it like it was so unusual or so extraordinary or so you know out of this world. When she didn't treat it like weird then it was like I didn't have to protect it. I didn't have to defend it. It was just that she asked questions about it and it was just something that could be looked at, it was something that could be talked about. It wasn't this secret, this dark hidden thing. It demystified it.	A. describes the importance of her subsequent therapist's non-judgemental response to her disclosure of the abuse by her counsellor.	subsequent therapy experience relationship subsequent therapist
66. I expected (the subsequent therapist) to blame me somehow. I expected her to, maybe not directly but to ask the kind of questions that would make me feel like deep inside, she was really thinking that I shouldn't have gotten myself into that. I remember that I waited for that for a long time. I was waiting for that, for the moment when that would come out, when that would show itself somehow. "So why don't you tell your mother" or those kinds of questions which didn't come. That was really important, at least if they did, they came at a time and in a way that they didn't feel like that to me. Not being judged was very important.	A. believed that her subsequent therapist would blame her for her sexual involvement with the counsellor.	subsequent therapy experience trust issues disclosing

67. There is a part of me that wanted to change and grow and become healthy. I believe that that part felt like it could happen in that context. It was good for me, it felt good to not be bad, to not be fucked up, to not be a weirdo, that was good for me. I guess I really felt that she was on my side. At some point I started to feel that. That was good for me. Because I didn't feel that I had that in my life at all actually, when I look at all my relationships at that time. I feel an acceptance and that was very important.	A. felt the acceptance from her subsequent therapist that she required in order to work on her issues.	subsequent therapy experience self definition
68. It was giving me choices, encouraging me to find my own answers. The fact that she didn't give me answers, which was very hard for me at first, but it was important, really important. Because at some point, I don't know when it happened but at some point I started seeing her as somebody who helped me to understand myself and to get a better sense of what I wanted. You know like somebody who facilitated things, facilitated my own process, my own personal process instead of somebody who was going to give me answers. That was really essential. Another thing that was really important I would say that she never acted like she knew me better than I knew myself. Or that she knew any more about me than I knew or than I showed her. That was very essential. Because that was sort of the basis of the therapist's power over me. And that helped me to believe that I could know myself. That was really important. To get that feeling, to have that belief. That I could really get to know myself, that I could really know my feelings and my needs and what is best for me more than anybody else could. That was really empowering, it just changed everything.	A. talks about important conditions in her subsequent therapy, including having choices and being empowered to understand herself and find her own answers.	subsequent therapy experience self definition

120. And that I would say was very helpful in my therapy with her. I didn't feel bound to that. I didn't feel like every problem that I had, had to be connected to that in some way. Sometimes there is something that is pertinent and sometimes there is connection and sometimes there isn't. Sometimes it has to do with other things. It is really important for me to have that freedom to not be his victim. To be something other than that. To be a person. That is part of my history, and that is all it is. You know it doesn't define me, it doesn't shape me. And that is really a hard thing to get away from actually when you start to look at this issue. I guess when I think about some of the difficulties in my recovery, it is that. When I started looking at that, that is what I became. That is what defined me. For so many people that is what I am. I am (the therapist's) victim.	A. describes the process in her subsequent therapy as being one in which she could make decisions about what she shared and change her self definition. She recognized that she no longer needed to be defined as a victim of her counsellor.	self definition subsequent therapy experience recovery ongoing issues
121. It is really important for me to have in that sense it was really good for me to have people in my life who didn't know about it. Because sometimes I could just be me, I could just be somebody other than his victim or whatever. Or sessions that I had with her where I wouldn't talk about him at all. I had lots of those. That was really important for me to be able to do. And to be able to do that without feeling like I was avoiding a real issue, which really bothered me when people would keep me there. It was like getting trapped.	A. describes the importance of being able to choose the issues she worked on in her subsequent therapy.	self definition subsequent therapy experience

Theme: Reorganizing Life
Subtheme: Building a Social Support Network

Meaning Units extracted from interview dialogue	**Paraphrase of meaning unit**	**Codes**
71. I started working at the E. Women's Building as Rec officer and attended a couple of other women's groups. I think that made a difference too. I started to learn about feminism to understand sexual politics and the dynamics of power. That was an important thing for me to understand. Actually that was one of the factors that contributed to me going to see (the subsequent therapist).	A.'s work and her involvement in women's groups helped her to understand power issues and contributed to her seeking subsequent therapy.	healing relationships with women building a social support network
75. Before then I was used to getting attention from men just on the basis of being sexual, my dress, or my makeup. Then when I started going to the Women's Bldg. that didn't go at all. Like on the contrary you know. The way I dressed was a problem I think. If I wore feminine clothes and make-up and stuff. If they responded to me it was for other reasons. It was for my intellect or whatever you know. And that was really good for me. It was scary though, it definitely meant taking a lot of risks, because I couldn't rely on my sexuality. I don't know, it was a feeling that we had similar obstacles or just a feeling of belonging I think, and being able to make sense of my life. Being able to laugh about things that had caused me pain and putting it into a context where other women are talking about similar things or different things but related to the same theme or whatever.	A. describes how being validated and supported by other women helped her to acknowledge aspects of herself other than her sexuality. She began to define herself more broadly.	healing relationships with women self definition building a social support network

Theme: Reorganizing Life
Subtheme: Healing Relationships With Women

Meaning Units extracted from interview dialogue	Paraphrase of meaning unit	Codes
71. I started working at the E. Women's Building as Rec officer and attended a couple of other women's groups. I think that made a difference too. I started to learn about feminism to understand sexual politics and the dynamics of power. That was an important thing for me to understand. Actually that was one of the factors that contributed to me going to see (the subsequent therapist).	A.'s work and her involvement in women's groups helped her to understand power issues and contributed to her seeking subsequent therapy.	healing relationships with women building a social support network
74. But it made a big difference to be able to talk to other women and have them not compete with me, to have them not... I don't know. Definitely not having men around, being around women, it made a difference. Because it allowed me to experience myself and things that weren't sexual. That was really good.	A. describes the importance to her recovery of building relationships with women.	healing relationships with women
82. I have started to feel less competitive with other women and that was hard for me. There was a time when it was very difficult for me to be comfortable with a woman who I thought was noticeably attractive. And to be able to do that and to be able to see beyond that, to be able to enjoy her anyway. That is something that I am able to do now which definitely was a struggle...Feeling connected to other women is really important.	A. describes the process of healing that has occurred in her relationships with women. She describes the new found comfort with women that has replaced her former feeling of competitiveness.	healing relationships with women

85. And __ who I have only been friends for a few months, like it has been a pretty remarkable friendship. It has been definitely the most intimate friendship that I have had with a woman and she has been really good for me. She really, responds to me. It has really helped me to enjoy myself. To enjoy who I am, because I can see what she responds to in me. It is almost like she helps me see what pleases her about me.	A. describes her friendship with a woman with whom she has experienced an intimate connection.	healing relationships with women self definition
86. I have learned so much with her. Learning to take some risks and allowing her to become really important and to show her that. And that is still hard for me. In many ways it is much more challenging for me than a sexual relationship, a relationship with a man. It is much easier in a way to show a man that he is important or that he has influence or that he has an effect on me. Or that I really care about him. It is much easier for me to show a man that than it is for me to show a woman that. So I would say that she's become somebody who's helped me to learn to be intimate.	A. sees her friendship as a challenge in that it is unfamiliar for her to share caring feelings with a woman, or to have an emotionally intimate friendship.	healing relationships with women

Theme: Reorganizing Life
Subtheme: Healing Relationships With Men

Meaning Units extracted from interview dialogue	**Paraphrase of meaning unit**	**Codes**
84. There was definitely a time where I knew a lot of people, and I socialized a lot and a lot of people wanted to spend time with me. I never really knew why they wanted to, but they did. I think eventually it started to sink in that I must be likeable that I had something to offer. But I think that big changes in that regard really started to happen when I met __, my friend __. Because he really gave me a feeling of acceptance, a very deep acceptance. With him, I felt and still feel that I can show him anything, any part of me and I am not afraid to do that, I am not afraid of his disapproval...He chose to not develop the sexual side of our relationship. But regardless the fact that he wanted to be close to me and that he wanted to spend time with me and that he wanted to be with me and he didn't want to have sex with me. That was pretty significant for me, very important actually I had spent lots of time with different men, but I would sometimes start out in the relationship thinking, "Oh they just want to be my friend" and they never did. It would always turn out that they wanted to have a relationship with me or that they wanted to have sex with me. So it was really good for me to finally have a male friend who thought that sex was unimportant.	A. describes a relationship with a male friend that has provided her with unconditional acceptance. She speaks about how important it was to her that the relationship did not become sexual and that she was valued for her personal qualities.	healing relationships with men self definition

87. And __ would see it as significant and have an effect on me too, by showing me that not all men in positions of power will take advantage of sexual opportunities. Because I even tested him, like lots of times, by provoking him and attempting to sexualize our relationship. It was almost as if I wasn't comfortable with it not being sexual. Because it was the first power relationship I had been in since (the therapist) with a man. And for him to not do that, for him to not be sexual with me and yet not reject me either and yet maintain communication on another level in a human way was very different. To actually realize that there are men with integrity. And that sex isn't everything, and having sexual desire for someone doesn't mean that much, it doesn't have to mean that much. And that has been a very strange realization for me.	A. speaks of her struggle with working through her feelings when she attempted to sexualize a relationship with her supervisor. She describes the learnings that occurred for her in terms of how she functions in relationships with a power differential.	healing relationships with men
Int 3. I really value the independence that I've gained and the empowerment that I've gained (from the relationship), but the capacity to feel intimacy, to have intimate feelings with a man is just...I couldn't have imagined it. It feels like a reward for me, that I've worked so hard to be able to open up to that kind of relationship...I've had feelings of intimacy with him that are far greater than any feelings of intimacy I've ever had with a man. It's very much because of working on communication, and trying to communicate with one another. The feelings that we've both had after we've worked through an issue are just wonderful and it feels like such a strong bond.	A. describes the intimacy empowerment that has come from communicating with her current partner and working issues through.	healing relationships with men

Interview A
Table 2

Theme: Choosing to Recover	
Subthemes Level 1 Codes	**Summary of Meaning Units**
Acknowledging reality (46,47,48,49,55, 62,63,64,95)	Events that led up to A. acknowledging reality included a recognition that she was being deceived by her counsellor, increased self-confidence, reading and increasing her knowledge, recognizing alternative perspectives, and finding other resources. Gradually A. came to the point where she could acknowledge the reality of the abusive relationship. She describes the last straw as being the counsellor's attempted sexual involvement with her mother.
Ending the relationship (43,45,46,53)	A. describes the events proceeding the ending of her relationship with her abusive therapist. She speaks of the turmoil in her life, and desire to die. She describes meeting __, and the effect that this relationship had on her life. A. describes her counsellor's desperate attempt to hold on to her as she began to withdraw from their relationship. A. speaks of feeling much more normal after the relationship ended.
Turning points (52,54,57)	A. describes various turning points that were important in her recovery, including meeting __, breaking up with __ and focusing on herself, and seeking subsequent therapy. A. describes her recovery as having begun after the ending of her therapy when she felt very unhappy with herself.

Interview A
Table 2

Theme: Reorganizing Life	
Subthemes Level 1 Codes	**Summary of Meaning Units**
Subsequent therapy experiences (30,31,48,54,55, 56,60,61,65,66, 67,68,69,79,118, 120,121)	A. describes the struggle she experienced over her decision to seek therapy following the abuse by her counsellor. A. speaks about the learnings that have occurred for her in her subsequent therapy. She describes her ability to have boundaries and make choices about what she addresses. She speaks about the point at which she acknowledged that her previous counsellor had abused her. She describes the differences in the therapeutic relationship that have made her subsequent therapy a positive and empowering experience. A. speaks about the importance of taking control of her own process, and the ways in which she has done so.
Building a social support network (71,75)	A. speaks about the social support she received through her work with women.
Healing relationships with women (71,74,75,82,85, 86)	The support and validation that A. received from other women has been important in her recovery. She describes her changed perceptions about women, feeling less competitive with women, and her ability to form intimate connections. A. describes a special friendship she has developed.
Healing relationships with men (84,87,112, Int 3)	A. describes the caring relationships she has developed with male friends during her healing process. She speaks of the importance of developing non-sexual relationships with men to her recovery. A. describes her learnings about her own process with men and the intimate friendships she now has.